

**THE EXPERIENCE OF A DANCE MOVEMENT THERAPY GROUP IN  
TRAINING**

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**THESIS**

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## **ABSTRACT**

### **The Experience of a Dance Movement Therapy Group in Training**

This thesis explores the experience of a dance movement therapy group as part of a post graduate diploma course in higher education. The prime focus is the students' perspective of the group training as preparation for their subsequent role as dance movement therapists in practice.

The research follows a group of seven students through a two year dance movement therapy group experience using an action research methodology in a collaborative mode. Through a series of systematic, planned, in-depth, semi-structured interviews, it uses the students' own account of the experience and correlates this with their practice as trainees. The third and final year fieldwork explores, from the students' perceptions, the way such an experience is integrated into eventual practice.

The thesis is grounded in a literature review drawn from the psychotherapy, counselling and arts therapies fields. An international survey of training organisations for the arts and psycho therapies provides significance of the group experience in the training of arts therapists.

The major conclusion is that although group experience in dance movement therapy is crucial for the training of dance movement therapists it requires extremely sensitive handling to cope with the feelings of loss, anger, grief and struggles with models of practice. There are, in addition, many difficulties experienced in learning to be a group as well as an individual within the group. The issue of authority in particular, which is central to any course in higher education, has to be carefully worked through for these students. The thesis concludes with recommendations for curriculum development in the post graduate training of dance movement therapists and allied professions.

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## **LIST OF ABBREVIATIONS USED THROUGHOUT THE THESIS**

<b>ADMT (UK)</b>	<b>..... Association for Dance Movement Therapy</b>
<b>ADTA</b>	<b>..... American Dance Therapy Association</b>
<b>CNAA</b>	<b>..... Council for National Academic Awards</b>
<b>DMT</b>	<b>..... Dance Movement Therapy</b>
<b>HCAD</b>	<b>Hertfordshire College of Art and Design (now The University of Hertfordshire)</b>
<b>UKCP</b>	<b>..... United Kingdom Council for Psychotherapy</b>

## CHAPTER ONE

### SETTING THE SCENE

#### INTRODUCTION

This first chapter outlines the purpose, context and background to this research study. The research set out to document and analyse the experiences of a group of trainee dance movement therapists in the context of a dance movement therapy (DMT) group process as part of a two year, part time, post graduate diploma course. It also aimed to discover how this experience facilitated the students' eventual practice as dance movement therapists. Of the ten chapters which follow, the first few chapters give the reader an understanding of how the research study arose, an overview of the immediate relevant literature and a contextual study of other similar courses. This is followed by a chapter on the purpose of the DMT group itself and one on methodology and the process of inquiry. The next chapter documents the research process. The two which follow (chapters seven and eight) provide the major themes which emerge from the analysis, and are the core of the thesis.

The final section of chapter seven documents one participants' own analysis of her transcriptions over the three years arriving at themes not dissimilar from my own analysis for the whole group. Chapter nine provides the reader with an analysis of the themes which were arrived at from the follow-up interview which focuses on the co-researchers' DMT practice. The final chapter, chapter ten, discusses the findings of the study and draws conclusions.

#### BACKGROUND AND CONTEXT

The DMT group was an experiential learning component of a post graduate diploma course in higher education. It was of two years duration, held weekly for 1.5 hours and led by a trained and experienced dance movement therapist and psychotherapist. This innovative course was validated in October 1988 by the Council of <sup>National</sup> Academic Awards (CNAA), the first of its kind in Britain. It was recognized as an initial qualification for those working, or wishing to work, as dance movement therapists in the health, education or social service fields. It is now located in the School of Art and Design, The University of Hertfordshire, although at the time of this study it was in the Division of Arts and Psychology at Hertfordshire College of

Art and Design (HCAD). At that time it was one of three CNA A validated arts therapies training courses at the college at initial post graduate diploma level. An MA in Art Therapy existed and another in Dramatherapy was validated during the study's lifetime. At this time the higher educational setting meant that individual personal therapy for students could not be made mandatory although it was strongly recommended since it is believed it does enable students to use the DMT group experience more easily for working with intra- and inter-personal issues. The DMT course was the most recent training to be developed which is understandable since the profession was only formally established in 1982 (Payne 1984).

The essential differences between the DMT group unit in this course compared to the other arts therapies group units in the college are: a) the unit was termed the 'DMT group', as opposed to a 'training group' as a similar unit was termed in the art and drama therapy courses; b) it was facilitated by someone who only had this contact with that unit, unlike the staffing on the other therapies courses, and, c) the group facilitator's supervision was with another staff member in the division (teaching on the art therapy course and overall responsible for studies on the arts therapies courses) rather than with an external supervisor which would be the preferred and usual arrangement. It was for economic reasons rather than course or research requirements that such a strategy was decided by college management.

The researcher in this study, myself, developed the programme and successfully led the course to achieve CNA A validation at the first attempt in March 1988. At the time of the fieldwork I was the Course Leader.<sup>1</sup>

The research with the course began in September 1989 and ended in December 1991. Anticipating the difficulties which would arise if I took on the leadership role for the DMT group as well as being Course Leader and Researcher it seemed essential for the college to engage someone else to lead this particular unit. The person appointed, hereafter called the facilitator, contributed only to this unit, although she did attend staff meetings to give general feedback and give input to the course as a whole.

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<sup>1</sup>I was course leader from the inception of a programme in September 1988 until December 1990 when the student group had two more terms left to complete.

## **PURPOSE OF INQUIRY**

This inquiry into the value of trainee's participation in a DMT group as part of their training programme in a higher educational setting is only one aspect of the training of dance movement therapists, others being the clinical syllabus, theoretical studies, experiential workshops, placements, supervision and tutorials. The research explores this component from the students' own perceptions, both whilst in training and after graduation in their practice. In this sense it explores and follows through to the results of learning from this part of the experience. The particular emphasis in the research is on the learning the students perceive they gain and the processes underlying that experience.

This research was unique in two ways. First, the DMT postgraduate Diploma was the first training programme to be nationally validated and it is the only one to include such a group experience. Secondly, the DMT group unit was being evaluated for the first time. Results from the study will contribute to the development of the curriculum for training dance movement therapists and other arts therapists since many of the processes involved in active, experiential, creative therapies are similar. The arts therapies use concepts and core therapy skills from psychotherapy, so results from this study may be helpful to training in this field in general.

## **ORIGINS OF INQUIRY**

My interest in embarking upon this research had several origins. The first was the opportunity to evaluate the new post graduate training course in dance movement therapy. The second was my M.Phil. research (Payne 1987) which used 'new paradigm' methodology (for details see chapter four, 'A Choreographic Approach') to evaluate a clinical programme of dance movement therapy (DMT) from the clients' perceptions. In that research I recommended that the curriculum for the training of dance movement therapists in Britain needed to have an emphasis on the process of DMT rather than solely on technique and methods. It was this conclusion which formed part of the basis for this particular course becoming established. This took into account the distinctive practice which has developed in Britain and theoretical models which have influenced such practice some of which have resulted in training criteria (ADMT 1987) and criteria for professional registration (ADMT 1995). The third was a general interest in DMT, its processes and the experience of students engaged with

these processes whilst in training as dance movement therapists. A fourth interest was the results of dramatherapy students' views on the importance of their training group. Prior to the commencement of the student intake for the DMT course, post-course evaluation questionnaires were distributed by the college to the post graduate diploma graduate students in dramatherapy in July 1987 and 1988 at HCAD. These showed overwhelmingly that students rated the training group experience (a similar component to the DMT group but with major differences such as the term, staffing, and the inclusion of assessment, see appendix for details) as the most beneficial learning experience, particularly six months after qualifying. Finally there was my own personal interest in how people learn to become therapists.

The basic assumption underlying this research was that the student will develop from using dance as an art form, as education or as recreation, into using it as a therapy with specific client groups in the health, education or social services, if she undertakes a DMT group as part of the training.

Alongside the emphasis on training dance movement therapists in specific skills there is a belief that qualitative experience such as self-awareness, risk-taking, dealing with conflicts, scrutiny of personal motivations, needs and values, are equally important goals in training. The value of some kind of experiential learning in groups is often stressed in the literature on the training of art therapists, music therapists, dramatherapists, counsellors, individual and group analysts and psychotherapists.

Although studies of the processes and outcomes of group work in therapeutic and counselling settings are regularly undertaken, few describe the development and evaluation of group work in professional training. It is for this reason also that this work offers a unique contribution to the field.

One major question the research addresses is whether it is essential that the trainee dance movement therapist has a long-term experience of a dance movement therapy group in the context of their training for both their learning of the basic competences of practice as a trainee, and for their subsequent practice as dance movement therapists. That is, is it essential to their performance as therapists that they understand their own development? It needs to be considered, for example, whether it could be the teaching staff's own need to continue engaging with the process of

facilitating art therapy or dramatherapy or DMT groups which has been neatly rationalised by the inclusion of this type of component in the courses.

## **AUDIENCES FOR THE RESEARCH**

This is a thesis so it is primarily the examiners who comprise the main audience. In addition to the academic focus of the research and my own methodological and substantive interests in DMT there are further groups that I hope will learn something from this study. They fall into five categories: a) the student research group through providing an opportunity for a different type of learning experience and contribution to research; b) other trainers and any future trainers in DMT, both in Europe and abroad, particularly North America but also countries such as Sweden who are just beginning to set up training courses in DMT; c) arts therapies trainers. Although arts therapies training is relatively well established I would hope that the knowledge gained from this study might be helpful in the debates on curriculum development engaged in by those teaching and responsible for directing studies on these programmes and, d) the allied discipline of psychotherapy training. This has evolved with research firmly integrated into its consciousness, but trainers in this field might find the results of this study take them into a different area of inquiry. Since there is now a development towards formal University validation at MA and MSc levels for the psychotherapy profession, curriculum is an issue of concern at present, as is the evaluation of competence. A final audience are e) students in training as therapists.

In a personal context the thesis is both a completion of one phase in my life and a representation in artifact of that phase. The bound thesis is not the research process itself but a communication of the process, hopefully doing justice to the study in its entirety. The thesis is not only a product of the three years over which the writing took place, but also of the past twenty years of my professional development and of my personal life history. I feel through this process that I have achieved significant developments as a researcher, practitioner and trainer in DMT. The use of "I" in the thesis is a way of owning these developments, since I too am a member of the audience and a consumer of the study outcomes. It is important therefore that I am represented in the thesis.

## **THE CHAPTERS**

This introduction concludes with outlining what is to follow. The first chapter has presented how the research arose and the key focus of the inquiry. Chapter two reviews the literature and highlights significant studies which are most relevant to this research. In chapter three the inquiry's point of departure from the literature is identified and a context is given for crucial theoretical ideas arising from the literature. The research project is discussed in the light of these ideas together with an explanation of the function and objectives of the DMT group itself.

The methodology, the fieldwork strategy and methods are contained in chapter four. This includes a critique of the traditional paradigm research approaches and justifies action for a different approach adopted here which draws upon emerging attitudes and thoughts in research methodology. Chapter five provides an overview and retrospective analysis of the research process, followed by a detailed account of an international survey of arts therapies programmes and psychotherapy courses in chapter six which serves to place the research in a wider context.

The next three chapters (seven, eight and nine) present a discussion of the analysis of the themes from interviews one to seven. Interpretations from both the researcher and the co-researchers' are documented. Chapter seven also presents a co-researcher's interpretations from her analysis of her interview transcriptions one to seven. Chapter nine contains the analysis of the follow-up interview whereby the nature of the qualified dance movement therapist's own practice is explored, in relation to their experiences in the DMT group.

Chapter ten discusses and interprets the results and draws conclusions from the analysis and interpretation connecting them together to make a web of understanding. It comments on the main achievements and summarizes the project as a whole, making recommendations for the future.



## **CHAPTER TWO**

### **THE LITERATURE REVIEW**

#### **INTRODUCTION**

The decision in this inquiry to use the volunteer students' perceptions of the DMT group was influenced by psychotherapy research, in particular that undertaken by Kurtz and Grummon as early as 1972. They showed that only clients' ratings of therapist-offered conditions correlated consistently with outcome. In relation to researching aspects of therapy training, Toukmanian and Rennie (1975) called for further investigation of the relative effectiveness of separate training components. The focus of this literature review is to establish connections, comparing and contrasting between previous relevant studies and this research from the allied disciplines of the arts therapies and psychotherapy/counselling.

#### **ARTS THERAPIES TRAINING AND RESEARCH**

Internationally, excluding Britain and the US, courses in Arts Therapies or Psychotherapy are growing but most are privately run and not yet validated by academic institutions, although this is beginning to change. However, in Britain the Arts Therapies have been located in public Higher Education systems, most with validation at post graduate diploma and MA levels, and, more recently at undergraduate level as well. Unlike in Britain some of the Universities which run Arts Therapies courses are private whilst others are in Universities.

In Britain dance movement therapy in higher education has followed the lead from the other arts therapies in the UK and from the US where DMT is established at both under graduate and graduate levels (as are all arts therapies, or 'creative therapies' as they are termed there). In some cases the UK has relied on input from the US in order to establish DMT programmes, unlike its sister arts therapies. For example, in 1984 the Laban Centre for Movement and Dance, located at New Cross, South London, imported an American postgraduate Creative Arts Therapies (Masters in Creative Arts Therapies) course with a dance therapy component, validated and taught by Hahnemann University Medical School (Dulicai 1981). Shortly after, in 1986 Roehampton Institute set up another

non-UK validated course, again heavily reliant on American teaching. Currently there are two postgraduate courses, both of which were originally externally validated by the CNAAB, the one at Hertfordshire College of Art and Design (HCAD)(now the University of Hertfordshire) and more recently that at the Laban Centre in London. The former now has validation within the University and the latter is validated by City University, London.

In the US there are currently seven specialist Dance/Movement Therapy (DMT)<sup>1</sup> courses and four creative arts therapies courses approved by the major professional association, the American Dance Therapy Association. In Europe, although there are courses in both public and private sections of education, (for example Monnheim and Bonn) they are mostly undergraduate and non-validated.

Australia has no validated DMT courses at tertiary level, Israel has a B.A. at Haifa University, where several other arts therapies courses exist. Further information about courses can be found in Levet (1987) who gives an overview of all 'arts for disabilities'. Those courses specifically for DMT can be found in Payne (1992a). Internationally, arts therapies training seem to be of a postgraduate nature, for example in the US the M.A. in DMT at Hunter College or the M.A. in Dramatherapy at New York University, although there are under graduate courses available in music therapy.

A new departure in the UK is the 4 year honours degree in the Arts Therapies begun in 1993 at the University of Derby. This follows the Netherlands model of graduate training, although in this country the professional associations license practitioners at postgraduate level only.

While the above is an indication of the growth in courses for arts therapies there is, as yet, very little research into the training of arts therapists in this country or abroad. This is not surprising given the relative newness of the field. The author knows of no systematic research into the evaluation or effectiveness of DMT training, or studies of different components or methods of training. White and Schmais (1974) do describe an overview of the experimental Hunter College dance therapy course in America, using a

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<sup>1</sup>Note the slash between the words 'Dance' and 'Movement' in the US terminology. This is not used in the UK.

questionnaire approach, and Dulicai (1981) reports an extensive evaluation of the curriculum in movement therapy of the Hahnemann course, although the form of methodology is not clearly identified. Cagy (1984) presents an evaluation of the new Israeli course in DMT.

McNiff (1987) has illuminated pertinent issues relating to research and training in the arts therapies, for example, the need for a flexible and varied orientation to research and inquiry which will attract attention outside the profession as well as serving its needs. Other authors such as Dulicai et al (1989) discuss three competencies (professional identity, integration of theory in the mental health field and research) required by an arts therapist in relation to diminishing resources in the US.

In Britain there is one completed study exploring the place of art making in training art therapists (Gilroy 1989) which seems to underscore a central belief that the process of making art is a crucial experience for the trainee. Waller and James (1984) in an article discussing training in art therapy refer to its importance in art therapy workshops where students use art materials within the 'framework of an experiential group where they are 'as if' patients but also trainee art therapists.' These authors acknowledge that it is a difficult area for the student to negotiate for they are expected to participate for themselves yet analyse and reflect on their performance and understand the role they play in group dynamics. At present there has been no research in the field of dance movement therapy education or training either in the US, the Continent or Britain.

Since there is so little arts therapies literature or research into training it seemed appropriate to explore psychotherapy research and the literature on training as key concepts and core therapy skills are adopted from the field of psychotherapy in British DMT theory and practice, particularly object relations (Holden 1990) and the group-analytic approach (Payne 1992b). It should be noted however that despite this DMT is not seen as a form of psychotherapy per se in the UK.

## **PSYCHOTHERAPY TRAINING AND RESEARCH**

Group psychotherapy would be the nearest specialism to DMT for investigation since DMT trainees and practitioners work mainly with groups and since the research basis

itself in the experiential DMT group unit of training.

In Britain most group psychotherapy courses are in the private sector. However, there have been moves to pioneer courses for individual psychotherapy and counselling at Universities. For example, in the early sixties a psychotherapy training course was set up at Aberdeen, in the seventies courses developed at Leeds, Liverpool and Warwick to provide training to core professionals in medicine, clinical psychology, psychiatric nursing and social work. They tended to emphasise theory over supervised practice. It was the University of Sheffield Diploma course which, in 1977, gave a wider access. Then in the mid-eighties a course in psychoanalytic psychotherapy was started at Kent University and is now offering a doctoral programme for UKCP registered psychotherapists. In addition, lately Universities have been approached by private training organisations to validate their courses, particularly those former polytechnics. This means for a dozen courses at MA level various Universities undertake to supervise training standards and grant degrees, such as the MA in psychoanalytic psychotherapy at the University of Hertfordshire in collaboration with the Guild of Psychotherapists. There is, however, growing evidence that courses in psychotherapy are undergoing changes in view of the recent inauguration of the Universities Psychotherapy Association and, prior to this, the innovation in January 1993 of the UK Council for Psychotherapy (UKCP), a development of the Rugby Conferences and the UK Standing Conference for Psychotherapy. The Rugby Conferences emerged from a British Association of Counselling initiative, which has offices based in Rugby. These annual conferences, since 1989, have brought together a wide range of counselling and psychotherapy organisations and training programmes. With the European market opening up, there is a move towards validated higher education training in psychotherapy, possibly University or NVQ validated, and away from private sector training.

Pedder (1989) in an article in the British Journal of Psychotherapy advocates a three stage training; primary degree, core professional qualification and postgraduate specialist training. He goes on to say training has often been said to comprise of three elements: personal therapy, clinical practice under supervision and theoretical knowledge and to this he would add a fourth: admission and assessment.

Since this inquiry is concerned with a DMT group, the literature I review here is confined to those studies focusing on group therapy. Although recently there have been some developments in qualitative approaches using description and explanation (Greenberg 1986) psychotherapy research in general tends to use traditional, positivist research methodology which maybe sound in its own terms. More recently there is beginning to be an emphasis on understanding therapeutic process as a way to defining what leads to positive outcomes in psychotherapy. To date research into clinical group work has been profuse, (for example in Britain, Bloch and Crouch 1985, and Bates and Goodman 1986). Kaul and Bednar (1978) give a thorough review of US studies in small groupwork treatment as do several authors in Bergin and Garfield (1994) but few studies in my opinion have adopted in-depth qualitative analysis. Few studies focus on groups and professional training. Bolger (1985) has given an account of the value of experiential learning in groups in British counselling courses. One exception is a major study by Leiberman et al (1973). These authors found, amongst a huge number of findings, that university students on a course on race and prejudice encounter groups produced a modest positive impact in that 60 per cent of participants believed they had benefitted from participation in such a group. At follow up 6 months later 20 per cent were less positive. In a review of outcomes of sensitivity training, Smith (1975) noted that the two most often cited conclusions were a) a significantly greater indication of desired changes immediately afterwards of sensitivity trained groups in comparison to the controls and, b) significantly greater changes evident in the experimental group than among the controls in 21 out of 31 studies which included one month follow-up measures. Similar reviews making these points can be found in Hartman (1979); Bloch et al (1981); Smith (1980) and Smith (1984). Thus there is a great deal of knowledge about small group work and how to achieve the goals of group work in the training of professionals in psychotherapy. The research indicates that, given time and experienced leaders, groups of professionals can be helped to interact with one another more effectively in ways relevant to the helping professions. In US research documented by Skovholt and Ronnestad (1992) therapist and counsellor development in the course of their careers is presented in stages. In what is described as a quantitative methodology a questionnaire was constructed from

a variety of bases and interviews conducted of 100 therapists, some of whom were in their first year of training as undergraduates. Another group had had four years of graduate training. Both of these groups would have some common ground with the co-researchers in this current study. Unfortunately the research does not address the development over the training period specifically, nor does it refer to any group experience as having an influence on the counsellor's development. It does however, speak of the enthusiasm and insecurity which are predominant at the early stage of entry into the professional training.

'Professors [tutors/facilitators] have a major impact because beginning graduate students in the counselling/therapy field feel dependent and vulnerable' (Skovholt and Ronnestad, 1992: 24)

With reference to training with peers in a personal growth model such as the course the current study utilizes they go on to say:

'As important as any influence now is the impact of, and especially the support from, classmates. They are not just anyone - they are very credible because they are accepted for graduate study and are preparing for professional therapy/counselling work. They are approachable, present, safe, more spontaneous, social equals and have an accurate awareness of issues. Essential questions for feedback from one's classmates are: 'How do you see me?' 'What are my personal strengths and weaknesses?'.....The answers may come informally or formally. The informal end of the continuum consists of social interaction with fellow students; the most formal method is a graduate course, offered by some training programs, which focuses on personal growth.'(Skovholt and Ronnestad, 1992:25)

It would follow that students would have anxiety about competence which could be reduced if peers feedback their helpfulness to others (clients or fellow students). If conflict were to be acknowledged between students this might inhibit the student's capacity to feel she is doing a good job.

They also found students' personal life to impact on the course to a differing extent qualitatively, depending on age of the trainee. This was apparent in the current study too.

Experimental research methodology has been the traditional approach in

researching group counselling; most studies falling into three methods of training: client centred, didactic - experiential method, micro counselling and the behaviour modification programme approach.

These studies, which followed on from Rogers' (1957) early research into therapists' behaviours and attitudes, argued that changes in therapists' attitudes were necessary and sufficient conditions for patient improvement. They were based, however, on client-centred therapy research and mostly aimed at methods of teaching therapeutic, measurable skills. It is more difficult to evaluate integrated, experiential learning processes and teaching methods. In the client-centred therapy research conducted by Truax and Carkuff (1967) and Carkuff (1972) rating scales were developed to assess therapist's facilitative conditions during a didactic-experiential training. Others researching outside the training environment supported their findings, Barrett-Leonard (1962) and Strupp et al (1964) for example. Central to Truax and Carkuff's (1967) findings was the importance of a quasi-group therapy experience 'where the trainee can explore his own existence and his individual therapeutic self can emerge' (Truax and Carkuff, 1967: 242). They did not, however, see it as providing personal psychotherapy. Berenson et al (1968), in a study designed to measure the effectiveness of the different aspects of the training, found that the greatest gain in interpersonal skill was made by the group receiving the total programme (8 weeks) including the quasi-group. Training in individual counselling and psychotherapy since then has focused on teaching behaviourally operationalized techniques probably because these are easier to measure quantitatively. Despite this such studies are relevant to the current research because they stress the importance of the trainee's experience in a quasi-group out of all possible course components in group psychotherapy training.

The field of group counselling and group leadership has taken a contrasting approach. While there is little documentation relating to training practices there are some studies that evaluate the effectiveness of training methods for teaching group leader skills such as micro training (Harvill et al 1985). This is seen as an alternative to didactic discussion or the engagement of trainees as members of a group. Matarazzo (1978) claims such teaching results in a lack of skills' acquisition despite an increase in group process

and leadership knowledge.

Berger (1969) describes a number of programmes employing experiential groups. He lists advantages as increased interpersonal skills, feedback and a greater sense of universality, and concludes 'A holistic approach to training for the practice of group psychotherapy should also include the individual's participation as a member in a psychotherapy group or group training experience' (Berger 1969:117). This advice is based on clinical experience rather than on research however. Most courses and therapists insist that therapy for the future therapist is essential and psychoanalytic tradition supports this; others claim that the removal of undesirable behaviour is a technical skill and does not need to be tried first on the future technician but there is no research evidence to back up this claim.

If we take a look at the medical literature we can see similar processes at work. For example students normally train whilst engaged in employment, on part time courses, as is the case in the present study. In psychiatry the use of experiential T-groups in the training of residents is common; this has been advocated for over two decades (Horwitz, 1967; Yalom and Leiberman, 1971; Tainter, 1977; Salvendy and Stewart 1983). Short term psychotherapy groupwork training for clinicians in US health maintenance organisations is discussed by Daley and Koppenaal (1989). They look at the parallels between training and therapy using a 15 week time span.

## **PERSONAL THERAPY**

Of relevance to this research is the notion of personal therapy, whether of an individual or group nature. It has been accepted for some time that the development of self-awareness is a crucial part of psychotherapy and counselling training for individual therapists (Aveline 1990 and Noonan 1993). The view that personal therapy as a vehicle for self-awareness is crucial to the training of a psychotherapist is strongly advocated by Casement, (1985) who says:

'A therapist has to be 'held' by the structure provided by theory, and by familiarity with his own unconscious, if he is not to become overwhelmed by a patient's pathology....it is for this reason analysts and therapists have to be analysed: and it is that experience combined with a knowledge of theory, that helps most to make sense of a therapist's unconscious



resonance to what is being communicated by the patient....without which there is a limit to how much therapeutic use can be made of these elusive levels of unconscious communication' (Casement 1985: 216)

Despite the favouring of personal therapy there is little evidence in the research literature to show it enhances therapeutic skill. Greenberg and Staller (1981) and Macaskill (1988) provide surveys of the literature which conclude that 15-33 per cent of trainees have unsatisfactory personal therapy experiences, reporting, for example, damage to marriage, destructive acting-out and over-withdrawal from the world. They also found there was no positive correlation between either the fact of having been in therapy or its duration on the outcome of the therapist's professional work, possibly having a deleterious effect on work early in therapist's careers. This indicates the importance of the trainee's selection of personal therapist, that is one that is advised to be optimal for that trainee (Coltart 1987) perhaps through several exploratory meetings with several potential therapists.

Jenkyn's (1995) warns against the experiential tradition making self awareness as valuable for itself, independent of its 'translation into observable increased counsellor effectiveness and measurable benefit to the client' (1995:205). He appears to equate the experiential group with personal therapy defining the purpose of personal therapy as primarily to 'expand the student's self awareness'. He goes on to quote from some research 'the effect of heightened self-awareness does not necessarily imply an increase in perceived ability. In this research increases in self awareness often lead to a decrease in perceived ability' (Connor 1986:299) and 'meaningful change for trainees is not identical with client benefit' (Rushton and Davis 1992:207).

These points do connect to the idea that personal therapy, historically, does seem to have been a contentious element in the literature on the training of counsellors and psychotherapists. For example, in an early study Garfield and Bergin (1971) argue against ongoing personal therapy for trainee psychotherapists. The results found trainees who had participated in personal therapy facilitated less change in patients than those who had had little treatment themselves. Garfield and Bergin speculate that treatment disrupts the learning process by maximizing tendencies to self-absorption. This supports Strupp's (1960) findings where treatment of less experienced therapists had no effect or negative

effect on their empathy ratings, whilst for experienced therapists their sensitivity towards patients was enhanced. Ford (1979) found no support for the efficacy of personal therapy. There is some reality in the constraints of making personal therapy mandatory whilst the student is in training. For example, some trainees may have undergone personal therapy prior to training. Others may be in therapy at the commencement of training only to find they need to terminate for financial reasons during the course. Others still may simply not be ready to embark on the process of therapy for themselves. This raises a number of questions. Should personal therapy as group experience be included on a course? Do you force those who are unwilling or not ready into such experiences? Yet if the contention is that a possible motivation for people to train as therapists (Aveline 1990) is rooted in events in personal history and their consequent effect on character structure then personal therapy appears to address this concern.

The opposite argument is presented in the analytical literature (Szurek and Berlin 1966). Truax and Carkuff (1967) argue for personal therapy on moral grounds 'to dispense it one must experience it' (1967:283). Much later Buckley et al (1981) indicate that where the claim is that personal treatment helps trainees to modulate their reactions to the conflicts, the training process itself stirs up issues and, as a consequence, enhances their psychotherapeutic effectiveness. Others believe that personal therapy is necessary only for some therapists at some times (Burton 1973). Experiential work has usually been included in training to provide frameworks for students to develop insight into aspects of themselves which may be repressed, projected or pre-conscious. These groups are termed, personal development, training groups, experiential groups, awareness groups and so on. They are normally found on courses training individual therapists/counsellors and group approaches in which the facilitator offers an open agenda. A study from the British counselling field is particularly relevant to the current inquiry, that of Izzard and Wheeler (1995) reported in the British Association for Counselling Journal which explores the nature of these groups.

Izzard and Wheeler's research is deserving of greater attention since it is the first to emerge in the literature bearing such a strong connection to the current study. It looks at whether students increase more in self awareness with the awareness group than those

who are not provided with such a group. It recognises the very real methodological issues such as the concept and nature of self awareness, how it could be measured and data about it collected.

Izzard and Wheeler's definition of self awareness is well within those definitions of counselling or psychotherapy, namely:

'self awareness could be described as having self knowledge and understanding but also may include notions of self esteem, self concept, self disclosure, sense of self, personal insight, personal growth. It can be defined as a skill (Egan 1977), the ability to enquire of oneself 'who am I?' It suggests some ability to address blind spots in understanding self and others, an ability to notice and take back projections on to others, to recognise defensive structures, to notice feelings and be able to express them appropriately. It will be noted that the description of self awareness is reminiscent of the developmental goals of counselling and therapy, which is appropriate considering that counsellors need to be working towards being where their clients seek to be' (Izzard and Wheeler 1995:2)

Their study uses traditional methodology quoting Kaul and Bednar (1978) from the second edition of the Handbook of Psychotherapy and Behaviour Change (Garfield and Bergin 1978) that in group therapy research the problem is in the selection of methods of measurement ie. that they measure what they purport to measure and proves to be a consistent measure if repeated; 'procedures [for measuring experiential group therapy] accurately capture and preserve the fundamental ingredients of original concepts' (Kaul and Bednar 1978: 673), yet they acknowledge self awareness is difficult to measure since it is not directly observable. They also doubt the validity of the few studies which measure it using self reporting questionnaires as they recognise self awareness is dependent on the reflective process that occurs in interaction with others therefore requiring more than self evaluation when measuring it. To this end a questionnaire included a question which asked a course colleague to describe the respondent. The aim of the research was to measure the amount of change in self awareness in students over the first year of their course. This data was compared to data from the same questionnaire (asking about self disclosure, images of self) given to students who had not experienced a personal development group.

A number of difficulties in using the measuring instrument and in collection of

data were identified. The students could have 'changed' for a variety of reasons, although reporting the change as attributable to the personal development group. For example, due to attending personal therapy which was ignored as a factor. The crucial question of how such changes might contribute to their practice was also not addressed in the study.

The study used Yalom's (1985) list of therapeutic factors in group psychotherapy as the basis for a rank ordering instrument. This indicates that the researchers viewed the personal development group as offering such opportunities to students, making it a quasi-therapeutic group. No agreement as to the ordering of the factors was achieved as was expected in such a small sample (N: 8) from two courses so results were disappointing and inconclusive. What was an important finding from the study was that students both with and without a personal development group changed in their levels of self disclosure (either more or less with no significant difference in the amount of change). It concludes therefore that trainees change as a result of counselling training but that 'little progress has been made through this project in determining how much of that change can be attributed to a self awareness group.' (Izzard and Wheeler 1995:9). In relation to the current study it must be pointed out that Izzard and Wheeler recommend that 'creative ideas for methodological strategies to research into self awareness in training counsellors need to be generated so that it can be examined from different angles' (Izzard and Wheeler 1995:10).

For example, information could be gathered, they suggest, using interview techniques before and after the course and that students keep a diary of significant events that impact on their self awareness. They recognise, it appears, that a qualitative approach to methodology for this type of study is more suitable, as has been adopted in the current study. They also make an urgent call for indicators of effective training methods to be produced as many counsellor training courses are based on 'a whim or personal experience rather than on empirical evidence which might influence decisions about valuable ways of using time and resources'.

Since the literature makes it clear there is an inter-play between personal therapy and personal development groups in training more discussion of the latter is required. Personal therapy is seen to be second only in importance to clinical practice when rated

by psychotherapists (Henry et al 1971 and Rachelson and Clance 1980). There are few systematic investigations into personal therapy experiences of psychotherapists (Clark 1986) and none on the trainee's experience whilst in training. Norcross et al (1988) in a questionnaire study of practising therapists highlighted the importance of selection criteria, professional and personal attributes of the chosen therapist, and the need for a female and non-medical therapist in younger trainee therapists. Alonso (1984) argued for the T-group model as the preferred experiential aspect of training as a group psychotherapist. His rationale includes the mandatory nature of the therapy if it is required by the training course. This is indeed an issue if the nature of the DMT group in this study were treatment but the contract for both the research and the course of study in higher education clearly does not offer this. It is the personal therapy outside the training, entered into voluntarily by the student which provides this element. Alonso also mentions the fact that the leader is selected by the course, because of some congruity with the orientation of the programme, unlike in personal therapy where the trainee is free to select their own therapist. This was exactly the case in this study. Finally Alonso refers to the modulation of regression which may need to be contrary to the goals of personal therapy due to time-frame and commitment (to the training/clinician role) of the course. Of particular interest is a study by Kaslow and Friedman (1984). In this study clinical psychologists in training as individual therapists were found to have entered personal therapy for personal rather than professional reasons.

Despite the conflicting research results and views of the past, recent evidence, for example, documentation in the Joint Committee on Higher Psychiatric Training Handbook (1987) does seem to point to a case for personal therapy in the training of all psychotherapeutic and counselling modalities. But this is not the same as a case for a DMT group experience as part of a course, where the course, in addition, recommends trainees to enter personal therapy, whether individual or group, in an orientation of their own choice. Crown (1988) suggests the form and frequency of personal therapy could vary from individual psychoanalysis, through group therapy to sensitivity training. All these forms and more are implemented in the various independent training courses, although courses such as Warwick University's MSc provide for a weekly group

sensitivity experience as part of the two year course as well as asking for weekly individual therapy. In counselling and psychotherapy circles, amongst those that practice, there is a belief that personal therapy should be at least as long and as intense for the therapist as for the patient they intend to treat. Also that the counsellor/therapist should experience the therapy they will be practising.

In summary it seems there is little agreement on the role and importance of personal therapy in the training of therapists, and it is unclear from the literature whether individual therapy is the preferred mode and if it is recommended in the training of group psychotherapists, or whether group psychotherapy experience is more appropriate. This requires research.

Moving closer to my own research into the DMT group component there are a further two studies that are particularly relevant. One is from Britain, the other from New Zealand. Both refer to the training group component of psychotherapy courses for health care professionals. The British study (Aveline 1986) is particularly relevant to this inquiry because it examines group members' perceptions of a personal group experience whilst in training and because many of the themes emerging are similar to the current research findings. Aveline describes a 12 week course in which a personal group experience forms part of the course. As an aid to training a type written narrative was posted to members after each session by the leader explaining interventions and non-interventions, and group dynamics. In their later courses reports were submitted by members about their perspectives on the group to the leader after receiving the leader's short four-question report. Members compared the two views. Later in the course reports were circulated to all members and the leader sent an evaluation of their potential as a group leader. Members elected to discuss these in the group.

Themes were identified such as the expression of personal tragedy which cannot be expressed at work for fear of being thought weak; the helpless helper; giving care and not receiving it; the transcendence of professional rivalries; fear that self-disclosure might damage careers; the opportunity for intimate dialogue; support through personal crisis and help with career decisions. The post-course questionnaire showed that the training group was the most valued component. The training group, Aveline emphasizes, is not a

therapy group although the two share more in common than they have differences (Lakin et al 1969 and Dies 1980). Aveline stresses the ethics of coercing members into being patients yet adds;

'unless sufficient members enter into the patient-like role of being there for themselves, not as observers but as people with a wish to further their personal learning the developmental potential of the group is thwarted'.  
(Aveline 1986:331)

He says that knowing the group will end as a unit and at a pre-determined time is an advantage, 12 weeks is not long enough to be intimidating. As in the current study confidentiality was an issue in the programme since the leader was also a member of staff in the institution where course members studied. Group leaders who are independent of the work system are at an advantage, Aveline suggests, in common with earlier authors (Berger 1967; Berman 1975 and Shapiro 1978). The group experience, he claims, seems to give members an appreciation of how their life has shaped them. It seems to give them an understanding of how their personality and life experience impairs their ability as therapists and what may need modifying, for which a longer therapeutic experience is required. Aveline suggests training planners take this into account. For some, he continues, the fact that the group was part of a formal course was important; it legitimizes self-exploration whereas there may be a stigma associated with seeking personal therapy individually. Since this current research is based in higher education it is of interest to note in higher education that the use of allied methods such as creative-dramatic processes, (Gomes and Count Van-Manen 1984) and dramatherapy (Newman and Collie 1984) have been instigated. Reasons include to make concepts in social sciences such as values and morality, labelling, role, culture and subculture more accessible and as personal development. The second study (Newman and Collie) is relevant to my research as it focuses on counsellor training, which, in Britain, according to Bolger (1985), has always valued some form of experiential learning.

However, it is a rare study from New Zealand, which is particularly relevant to the current inquiry. Small and Manthei (1988) outline evaluations of a T-group work component in counsellor training in a university from over a decade of experience. They

make the point about the 24 week, 2 hourly session of group work that terms such as training and counselling are used rather than therapy, encounter and sensitivity in order to justify the rule about compulsory attendance at the sessions. There is no grading of the group work component, and it is run on the ideas of Egan (1973) and Adams and Hopson (1975). Co-leading is required of members during the last 12 weeks and written assignments about the development of the group and their role in it. In summative evaluations (Manthei, 1980; Manthei and Tuck 1980; Holdsworth and Ryde-Piesse 1985) about the value of the group work it was found that those judged by others as amongst the most effective professional counsellors respond most positively to the group work and that gains persisted over time. The 'ideal participant' derived from participant's attitudes to the group work would support the following statements: 'It was a valuable part of the training course'; 'self confidence was enhanced'; 'feedback from others increased self knowledge and self awareness'; 'relationships and interactions developed readily'; 'it was a real experience within which people could learn about themselves'; 'it improved participants' understanding of others'; 'it provided an opportunity for personal growth'; 'the compulsory aspect was not seen as an infringement of individual rights'; 'a good grasp of group dynamics was learned'; and 'the group's agenda was followed'. Cautionary points included: 'T-groups can be threatening' (39 percent of respondents agreed); 'leaders should not also be course evaluators' (52 percent of respondents agreed). Members' perceptions on a 13 point rating scale devised by the authors gave findings to support Bloch et al's (1981) study identifying major therapeutic factors since the scale derived from that source. In their summary the authors of the New Zealand study refer to the fact that encouraging members to objectify the group experience orally and in regular post session evaluation in writing seems to make an important contribution to the effectiveness of the group. This is an interesting point since in one of the group debriefing sessions in the current inquiry it was said that the interviews were experienced as a valuable method of integrating the DMT group experience and this was recommended for inclusion in the course for the September 1990 intake of first years.

## **SUMMARY**

In summary, there is little exploration in the literature of the student's experiences



whilst in training as a group psychotherapist or arts therapist. There are no studies the author is aware of concerned with students' experience of the training group, sensitivity group or group therapy component of a course. One reflection by a graduate of a training group analysis (Moro 1987) was published after the training was completed. However, by then the intensity of feeling about the interlocking effects of training and group experience had somewhat diminished.

Since there are so few DMT practitioners offering personal individual or group DMT for trainees outside the course it is even more imperative that the experience, albeit in a different format and with a different content and aim admittedly, is available in the training. In the Psychotherapy Diploma courses at Kent University, St George's, Oxford, Warwick, Uffculme, Liverpool, Aberdeen and Dublin, sensitivity groups are provided for one-and-a-half hours weekly. In the independent, analytically-based programmes trainees undergo psychotherapy or analysis varying between two and five times a week. The latter is personal therapy and is outside of the training. On Diploma and MSc courses personal therapy, where asked for, is in addition to the sensitivity group and is on a once-a-week basis, mostly because being outside London there are fewer therapists available.

With this as a background chapter three now documents how the concept of group therapy training was built into a DMT course in higher education.

## **CHAPTER THREE**

### **THE FOCUS OF RESEARCH: THE DANCE MOVEMENT THERAPY GROUP**

#### **INTRODUCTION**

This chapter aims to set out those points of departure from the literature review and offer an in-depth understanding of the focus for the research, the dance movement therapy group. Prior to providing an overview of the dance movement therapy group itself there are some issues to raise which will enable the reader to connect the research documented in the literature review with this inquiry. The issues it seems important to explore here are: personal therapy; evaluation of therapy; ethical issues.

#### **PERSONAL THERAPY**

This study is concerned to contribute to the literature identifying requirements for the training of therapists, whether the course is for arts therapies or verbal psychotherapy or other forms of therapy. In Jungian, Group and Psycho-analytic training, presently in the private sector, for example, an intensive amount of personal therapy as part of the trainees' experience is required before entry to the respective professions is permitted. At HCAD all therapy trainees are strongly encouraged to enter personal therapy (individual or group) whilst in training. I believe that an experience of personal therapy prior to entry is also helpful to trainees. But there are several questions that need to be probed further: Is it crucial whether personal therapy is in the form of one-to-one or a group? Is it important whether the students experience a verbal approach to therapy or the specific mode in which they are training? Is it important for DMT to be comparable to the other arts therapies training in this respect or does it require different degrees of information and teaching methods? Currently art, music and drama therapies do not specify the orientation of trainees' personal therapy.

#### **EVALUATION OF THERAPY**

It is clear from the literature that there are inherent difficulties in evaluating personal therapy. This is certainly true if the traditional research approaches are employed. However, there is some evidence from recent studies which inquire into therapeutic techniques and clients' perceptions. These have adopted a mixture of

traditional and innovative approaches to evaluation of therapy experience. Clara Hill's (1989) study, for example, evaluated individual client therapeutic process and outcome, (in private practice) and therapist techniques. In post-session and post-therapy client/therapist interviews it invited client ratings of therapist's skills through questionnaires, scales and videotape playback of sessions. The research approach in this thesis used a similar methodology and research tools (for example, the post-session and post-therapy semi-structured interviews) to explore the student's experience of the DMT group process. Since it did not aim to evaluate therapist techniques it omitted the use of pre-post inventories, videotaped recordings and identification of therapist response modes.

It is important to record and recognise that the present research was undertaken in the context of a therapist training course in higher education, which is very different from an individual private practice setting for self selecting clients. The facilitator was told the researcher wished to learn as much as possible about the students' experience of the group. Students were told that their evaluative responses to the group process and facilitation in the context of their training would aid the researcher in curriculum development for further DMT training. It was explained that findings may add to knowledge in the counselling and psychotherapy field concerning training methods. In fact this study moves the field on from that of Izzard and Wheeler (1995) and heeds their call for creative approaches to studying the 'personal development' group in counsellor training.

## **ETHICAL ISSUES**

The literature on the ethics of dance movement therapy available from the US professional association suggests that it would be important to confront the issue of the ethics of having a group which focuses on the student's personal process whilst on a training course in a higher educational setting. Naturally it cannot be a therapy group in the same way as clients receive therapy, since the students are clearly both clients in the context of the group experience yet students in training on the course as a whole. The college is not responsible for providing treatment in the specific sense. The course however, has a duty to provide opportunities for self development and the raising of awareness in for example the areas of personal motivation for wishing to become a therapist, inter-relationships, issues with authority and so on. Chapter four

'A Choreographic Approach (page 35) discusses how this study resolved ethical problems.

Of particular significance to this research was the decision about the outside facilitator when designing the DMT group experience. Yalom confronts the issue of whether or not a group facilitator should also be a leader or staff member in the training of group psychotherapists.

' A leader who wears two hats compounds the problem even further for the group members who feel restricted by the presence of someone who may in the future play an evaluative role in their careers.'(Yalom 1985:526)

It was decided to employ a facilitator who had no contact with the assessment procedures since reassurances about the facilitator's confidentiality or neutrality are insufficient, Yalom maintains. How much more crucial then are issues if, as in this research, one adds the role of researcher to the 'two hats' to become three? Steps were needed to avoid this.

## **SIMILARITIES AND DIFFERENCES**

This section looks at the differences and similarities between this study and those reviewed in the previous chapter.

### **Similarities**

The study reported here is similar to the studies reviewed in that:

- \* it inquires into the 'personal development or self awareness group' in counselling training like the UK study by Izzard and Wheeler (1995);
- \* like Hill (1989) it employs combined methodology and research tools to evaluate client perceptions;
- \* it has as a focus the quasi-group therapy aspect of training like Truax and Carkuff (1967);
- \* it aims to evaluate the experience of the DMT group in relation to eventual practice which mirrors those studies aiming to evaluate training methods in group counselling;
- \* it examines the personal nature of the DMT group like other studies investigating personal therapy experiences of psychotherapists;
- \* it evaluates group members' perceptions of a personal group experience whilst in training like Aveline (1986), although he uses the term 'training group'

rather than DMT group;

- \* it is undertaken in higher education using an arts therapy for professional development like Newman and Collie (1984) who described the use of dramatherapy in higher education as a method for personal development;
- \* it analyses the experience of a non assessed group as part of a therapy training. This is not unlike the study by Small and Manthei (1988) which documents an analysis of a 24 week non assessed group as part of training counsellors. Findings identified major therapeutic factors and post session evaluations (which could be compared to the interviews and group de-briefings in this research) helped participants' objectify the experiences which in turn made the group more effective.

## **Differences**

The study reported here is different from the studies reviewed in that:

- \* it explored themes of the group unlike Izzard and Wheeler (1995) which looked at change in levels of self awareness;
- \* it used qualitative methodology, interviews in particular;
- \* the DMT group experience was significantly longer in duration. This provided for an exploration of the themes as they arose over time;
- \* it looked at both training and practice in relationship to each other from the students personal development perspective;
- \* it inquired into the impact of the personal group experience on practice after graduation;
- \* it centred on the personal experience of the student in an 'as if' therapy climate, whereas other studies focus on all aspects of courses and on the evaluative comments from students' post completion rather than during the course process ;
- \* it consistently operated within the collaborative approach whereas other studies are mostly in the traditional quantitative methodological framework;
- \* it was not examining personal therapy outside the training, entered into voluntarily by the student;
- \* although examining trainees experience, did not measure outcomes or aspects of change as did the Lieberman et al (1973) research.

## **THE DANCE MOVEMENT THERAPY GROUP**

This section gives an overview of the background to the rationale for including a DMT group as part of the curriculum in this post graduate course. It explains the underlying concepts, procedures and difficulties inherent in including such a unit and the potentialities of such an approach.

### **The Experiential Learning Model:**

Approaches to developing the person such as 'Experiential Learning', 'Action Learning' 'Independent Study' and 'Self Managed Learning' are seen as appropriate modes in addressing the 'learning to learn' dimension of the DMT group (Barber 1988; Kolb 1993). The approaches to learning and personal development which the learner acquires in the process of being educated in a particular system - aside from the content of the instruction - aim to develop:

- \* more independence from external sources of decision, information, problem definition and motivation;
- \* the emotional muscle to deal constructively with strong feelings created by conflict and confrontation of values and attitudes;
- \* the ability to make choices and commitments to action in situations of stress and uncertainty;
- \* the ability to use their own and others' feelings, attitudes and values as information in defining and solving human problems.

The experiential learning approach described by Kolb (1993) is the concept underlying the implementation of the DMT group. In common with other approaches to learning of this nature it is learner-centred, emphasises learning by doing, aims to link theory to practice, focuses on live problems, encourages the learner to reflect on their experience and draw out principles and generalisations, addresses the whole person, and recognizes that learning is a social process. It is a central belief of the DMT course as a whole that there is a need to develop an individual's interpersonal effectiveness through enhancing their capacity to generate their own learning in response to the requirements of the setting. DMT is applicable to a much wider client group than those with mental health problems or learning difficulties in hospitals working within the medical model. If training courses only address curriculum related to such client groups, settings or models this effectiveness will fail to be exploited. It is my belief that DMT curriculum planners need to utilise systematic

methods for encouraging self-generated learning approaches. These are essential if newly emerging dance movement therapists are to compete confidently in the market place. One course of training at post graduate level cannot hope to be able to teach all there is about the processes and practice of DMT since contexts and human problems are so variable. However, any course needs to achieve a minimum standard of 'good enough' practice together with the skills to engage in further learning when practising in the live setting.

### **The Nature and Function of the DMT Group:**

In what follows, which is part of a student handout (see Appendix) distributed at the beginning of the DMT group experience, the aims of the DMT group are further articulated.

'Within the context of a training the group aims to:

1. Offer the student a closed DMT group experience.
2. Provide an opportunity to come to terms with their role as 'client' in relation to their future role as a dance movement therapist.
3. Enable the student to bring and work on issues of group concern and their own personal material.
4. Offer opportunities to explore current and past patterns of relating and ways of resolving problems.
5. Help the student's ability to interpret symbolic material.
6. Encourage the student's own reflection as a means of assessing their progress on the course.
7. Facilitate learning and exploration about dance and movement as central modes of expression of feeling and meaning.'

At this point it is important to note that the experiential group in this research study is termed a dance movement therapy group. It has no form of assessment. This decision grew out of factors arising from staff/student concerns on the other arts therapies courses at the institution where the course is based. In art and dramatherapy there has also been a move away from the assessment of such an experiential group by facilitator and student (peer and self assessment techniques). This was the norm in such groups until the year prior to this study. This unit is not now assessed on these

courses except on 80 per cent attendance as is the case within the DMT course. This was decided due to the difficulties the process assessment brought both staff and students (the categories of assessment now take place within other units). There has been much discussion on the issue, for example:

'The Division was urged to address the issues concerning Training Groups in relation to the difference in criteria for Art Therapy and Dramatherapy. This could not be maintained.' (HCAD, Academic Committee 1988: 14)

and:

'It was stressed that there had been considerable debate around the issue of training groups over the last three years. It was felt that some of the confusion had arisen because the external examiners had met with the students at one of the students' most anxious times: staff were not confused about the position of training groups but recognized that there was a dilemma in how training groups should be described. The debate about assessment will continue with the evaluation of the present system'.(HCAD, Arts and Psychology Examination Board Minutes 1989:4)

From my own experience as a facilitator for such groups the students constantly expressed confusion about the nature and function of them. The term 'training' is used to identify these groups which made for much of the confusion. For example, in a student-staff debate with a visiting Dutch Dramatherapist in 1989 on 'training group' issues there was acknowledgement from many participants that the term 'training group' was unsuitable. On a post graduate training course in Dramatherapy in Devon the dramatherapy course unit which is similar is called a personal development group and uses verbal psychotherapy as the medium. On the York dramatherapy course there is a leader for the first term, and thereafter participants lead the group themselves; there is no assessment or failure. The group leader remains in contact outside the group. The Dutch arts therapies course is an undergraduate course but encourages students to have personal therapy; the representative (a tutor) was clear that he 'did not wish to be a therapist on the course because I would find clients at college, not students'. There are more resources in The Netherlands such as two counsellors, one inside and one outside the course, and regional psychotherapy centres. The debate also drew some interesting conclusions about students identifying with the 'helpless position' and their privacy being hard to



maintain when sharing personal details on a professional course if the term 'therapy' was used instead of 'training'. Positive thoughts for adopting the term 'therapy group' focused on the modelling of the leader's role shift as was current practice on the dramatherapy and art therapy courses at HCAD, an acknowledgement of 'the client within' and the learning of a degree of negotiated autonomy which models the client's healing process. Thus the DMT course and this inquiry was also experimenting with the use of the term 'DMT group' in preference to 'training group'. Certainly it must be recognised that within an academic course the term 'therapy group' of whatever nature can be problematic to include in validation documentation, although for the DMT course this was possible.

It is acknowledged, however, that the DMT group as part of a course in higher education cannot be a 'therapy' group in the same way as one could envisage outside a training course. It cannot be as deep. The group members are colleagues, and may fear appearing vulnerable with each other or be tempted to measure themselves against each other. Since they realize that the use of the self in DMT is imperative they will normally feel doubly vulnerable in risk-taking or self-disclosure with regard to both professional and personal competence. They may experience themselves in competition with each other, not least for the few jobs available in DMT. They may fear any revelation as a weakness in their professional competence as judged by their peers. They may solve this by merging in equality, levelling out differences and sharing resentment against the administration for evaluating them. According to Yalom (1985) the effect of the experience of being equal may lead to deskilling. This results in the group becoming dependent on the leader for minor things. The staff and administration would inevitably affect the group as external factors (Hill 1989). In this research despite the facilitator taking only the one role, she was also a representative of the staff at occasional meetings which may have been anxiety-making for the students. Group members might also have feared any negative feelings emerging in the group would spill over into other course sessions.

The DMT group does provide, however, the opportunity for members to invest emotionally and to explore areas in which change might be possible; it has therapeutic potential as members are encouraged to explore their experience as a group participant, the power of the facilitator, the group and the individual and how

important it is to feel accepted. Issues concerned with self- disclosure and the role and abilities of the facilitator may also arise. Students may link these explorations and considerations to their own DMT work-practice groups which they lead throughout the course in their place of employment for which supervision is provided in college.

Yalom questions whether a training group is a therapy group and says that :

'in a therapy group the intensive group experience, the expression and integration of affect, the recognition of here-and-now process, are all essential but secondary considerations to the primary goal of individual therapeutic change. In a training group [of mental health professionals] the reverse is true' (Yalom 1985:527)

The DMT group, with a focus on the 'group' aspect, formed a vital component in the course. It was a well recognized belief in the HCAD community that to become therapists equipped to work with groups in dance movement the students needed to explore their own responses in groups using dance movement as the medium, to be in the role of a client in relation to the group and the therapist, and to be able and willing to explore and reflect upon their own 'wounds' as part of their contribution to the group. Therefore the training group was an attempt at providing mandatory experiences for the art therapy and dramatherapy courses. The philosophy has evolved over many years of developing these training courses; both staff and students often remarked on the value of such a group but no evaluation has taken place to support the reasons for such a high regard for this component of the courses. Such a group was also suggested by the literature to be valuable. This research aims to explore the part such a group plays in the development of a dance movement therapist.

DMT is not psychotherapy (which is of a purely verbal nature) because it uses movement as the medium and taps pre-verbal experiences which words cannot. However it does borrow concepts from the theoretical aspect of group psychotherapy. It recognizes that the therapeutic process and relationship is similar to that of psychotherapy and that therapists are under similar emotional pressures. In particular the concepts of transference and counter-transference are employed and these have particular relevance to the work which takes place in the DMT group. It is vital that personal conflicts are confronted to avoid contaminating the DMT practice. Counter-transference refers to those strong feelings the therapist has towards the client,

which necessitate a probing into the therapist's feelings and responses in the therapeutic relationship. Linked to counter-transference is transference, where the client transfers feelings from their most early experiences onto the therapist. As the therapist accompanies the client on their journey towards change they also undergo change. Guilt may result from judgements the therapist makes about a client where there is a conflict such as the therapist seeing themselves meeting their own needs rather than those of the client.

In such a situation there is a need for the trainee therapist to practise reflecting on processes of their own, such as defence mechanisms, alongside engaging with their own work-practice groups.

The following quotations about the DMT group from some of the participants in the research help to illustrate this point.

'probably not revealing things is a mechanism to defend...  
I am a private person ...takes a lot for me to reveal sort of  
deep emotions - I can talk for hours, uh, kind of, intellectually.'  
(Second interview)

'To not give support to [a participant] might make me feel guilty.  
If others are uh, ..not doing it then should I be doing it? But I  
don't want to - you [I] help more by contacting your [my] own self  
- would help me more - I want the group to be more like me.'  
(Third interview)

'..I'm working through that on my own ...I felt guilty about not  
being there and how would people react if I suddenly began fighting  
and saying "no - I'm not going to do that - that is your business,  
I'm doing this"..I don't want to carry others - my position in the  
group is that they look to me because I'm organised, look to me to  
know what's happening in the group...They are giving me that  
responsibility and I'm holding it but now I don't want it.....my  
need, if I'm always there then people will want me to always be  
there, they want me. Difficult to give that up...also achieving  
something and feeling important from the helping and holding....  
I will try now and see what happens..it has taken the level of  
media in DMT to make me realize that I do this in life and I don't  
like it!' (Third interview)

Yalom describes how manifestations of therapists' needs and inadequacies may influence their practice, 'If you lack insight into your own motivations... you may avoid conflict in the group because of your proclivity to mute your feelings; or you

may unduly encourage confrontation in a search for an aliveness in yourself' (Yalom 1985:531). When therapists so need to be accepted that they are unable to challenge for fear of personal attack, they may become enmeshed in the prevailing current and be unable to distinguish the realistic from the transference aspects of attack. They may fear intimacy and make premature interpretations leading to prevention of the open expression of feelings. A fuller understanding of themselves will enable the therapist to explain their counter-transference responses, their personal distortions, private needs and moral prejudices.

Through feeling a need to be successful the therapist may push things to 'happen' in their group, particularly if inexperienced or a training therapist; the need to prove that they can see order in the chaos may prevent them from running with the chaos and allowing meaning to emerge gradually.

It is important here to disclose my own personal interest in this process. I believe in the process of DMT in enabling a stronger definition of self. Naturally I will advocate this medium for the trainee dance movement therapist together with the notion of the wounded healer as described by the anthropologist Joan Halifax and dramatherapist Sue Jennings:

'The shaman however, is not only a wounded healer, he or she has effected a process of self-healing as well, and is thus an example of one who has the ability to transform self, others and nature'. (Halifax, 1982:72)

'It is the experience of our own wounding that will enable us to engage with our clients in a healing process.' (Jennings 1987: 15)

Alice Miller similarly speaks of the need for therapists to experience and work through their own traumatic past in order for them to be able to accompany clients on the path to the truth about themselves and not hinder them on their way.

'Thus therapists' adequate support of learned technical skill must be reinforced by their knowledge and emotional experience.' (Miller, 1985: 316)

There are obvious links here with the material presented in the previous chapter on the need for personal therapy. This position adopted that the 'wounds' can be worked with in the DMT group has implications for the methodological approach taken in the research. How I tried to address this is examined in the next chapter.

## **CHAPTER FOUR**

### **A CHOREOGRAPHIC APPROACH: THE METHODOLOGY**

#### **INTRODUCTION**

This chapter on methodology is organised in such a way as to give the reader an introduction to the methodological design of the research approach adopted together with justification for these. It also provides a reflections on what actually happened. This covers a description of the tools which were selected to elicit and analyse data - interviews, research group de-briefings, journals and questionnaires - and an overview of the methodological issues encountered and how they were resolved. It is here that the context of the research is given, highlighting where it builds on the theoretical concepts arising from the literature.

#### **THE METHODOLOGICAL APPROACH**

The students' experience of the DMT Group was studied through inviting participants to record through interview and journal their perceptions of the process of the group both during the experience over two years and following it in their first year as practitioners. These follow-up interviews aimed to examine the value of the DMT Group as an aspect of the training in the context of practice. The research compares the course to other courses that include or do not include such a group in their training (See chapter six, page 94 ). The major tool for seeking participants' experiences was an in-depth interview held at the end of every term (approximately ten weeks) over the two years of the DMT group. These were supported by two group members' case profiles. For this two students were willing to keep a diary and journal of their experiences. This they submitted to the researcher each term. It was evaluated and questions designed for those particular students. Prior to undertaking these interviews an international survey was conducted to locate this small, intensive study in a broader national and international context.

The 'new paradigm' methodology adopted aimed to evaluate phenomena as they occurred in the normal setting. The term 'new paradigm' was coined by Reason and Rowan (1981) and Heron (1981b) to describe research methodologies of a qualitative nature which were informed by the philosophy and values inherent in humanistic psychology. This approach has a long history in the social sciences such

as for solving practical problems in wartime situations in Europe. The latest interest in this approach though includes developments in both theory and practice. For example, in line with a more humanistic philosophy the newer approaches to action research emphasise a full integration of action with reflection as well as on collaboration between all those involved in the project. These newer forms use the terms 'collaborative inquiry' Torbert (1981) 'co-operative inquiry', Heron (1988) and Reason (1988b), 'naturalistic inquiry' Guba and Lincoln (1982 and 1988) and Lincoln and Guba (1985), 'participatory evaluation' Simons (1987), 'constructivism' Lincoln and Guba (1990) 'participatory action research' White et al (1991) and 'action science' or 'observant participation' by William Torbert (1991).

This integration of action and reflection provides for the knowledge developed in the research process to be applied directly to the issues being studied. Individual practitioners can develop a research way of thinking and being as part of their everyday life in order to help develop organisations or communities of inquiry. Its principles are important in a world where the positivistic logic of Western thinking is diminishing in usefulness as an appropriate guiding light. A collaborative, non-sequester (i.e. not secluding oneself from the world) model of seeking and sharing research data (Reason 1988b, Heron 1971, 1981a) was also adopted from the new paradigm methodology. This means that it aimed to involve all participants as far as possible in the research process itself (see chapter five, 'The Wheels on the Bus' for an exact description of how this was done and reflections on the experience). Ten de-briefing sessions were held with the participants over the three years. In these sessions participants commented on the design for the research, negotiated agreements concerning confidentiality, discussed substantive issues concerning the interviews and had access to transcriptions and any results and conclusions for comment prior to a publication.

Although there were a variety of possible ways to study this topic using quantitative or qualitative approaches I decided to adopt the action research approach because its value system was similar to my own and it enabled me to select a collaborative model. The research approaches described by all the above authors contrast to the positivist methods that rely on natural science techniques and assumptions such as cause and effect explanations, or a belief that all fields of study

require the same methods. They also have affinities with some constructionist and narrative forms of reporting. Gergen (1985) uses the term constructionist to refer to the way the researcher socially constructs the interpretation of the data.

In hermeneutic ways of undertaking research (Taylor 1979) proposes that the only way to study people is through a distinctive human science and supplies the basis of a number of qualitative and interpretive methods. The arts, humanities, theology and education draw on such approaches to research in which the data is given an interpretive framework of meaning. This narrative mode in contrast to description and explanation deals with intention and action with a different value system deriving from humanistic psychology. Included in these values are the following:

- \* the awareness of the relationship between action and research;
- \* that research can be reflexive; as client and therapist are able to reflect on their personal experience, so the researcher and participant can evaluate the meaning of the research;
- \* a willingness to explore the possible rather than solely verify what is known or believed;
- \* contributions to methodology such as the feminist ones (e.g. Roberts 1990) acknowledges the power relationship between researcher and researched;
- \* a co-creating of shared understandings of events, in recognition that there is no objective truth in human science;
- \* the importance of creating local knowledge rather than seeking universal truths.

Since action research takes into account issues as and when they arise participants can highlight issues as well as the researcher. This is especially helpful as all aspects in the research could not be predicted so flexibility and a responsiveness was required. I did not set out with a hypothesis to disprove, the aim was not to prove but to document and analyse experience of the programme in action.

In Payne (1993c) and Payne and Meekums (1993b) I have described in detail ways in which research in the arts therapies in general and DMT in particular might find relevance in such approaches. It is interesting to note that the latest edition of a 'Handbook of Psychotherapy and Behaviour Change' which normally presents research in the traditional approach from psychiatrists and psychologists makes an encouraging statement about alternative methodologies:

'the growing endorsement of narrative, descriptive and qualitative approaches represents a rather significant shift in attitude that is likely to become more and more manifest in the conduct and reporting of inquiries.' (Bergin and Garfield 1994: 828)

In the history of psychotherapy process research the 'paradigmatic' explanation of logico-scientific, demonstrative reasoning as evidence of general laws has prevailed. The use of the naturalistic and narrative approaches are new and relatively untried. Yet it is clearly recognised now as they address meaning and as such are more suitable as a way of :

'understanding psychotherapy process at the first level of reduction in explaining human behaviour as that of the person.' (Rennie and Toukmanian 1992: 235)

Studies by Hill (1989) illustrate that psychotherapy research appreciates combining methods to encompass client, therapist and observer perspectives which offers a thorough understanding of how therapeutic change takes place. However, Hill's study does not explicitly use naturalistic or reflexive methodology. In another study reported by Elliott and Shapiro (1992) both quantitative and qualitative approaches are used in combination leading to interpretative conclusions. It remains however an issue for debate as to whether combining approaches is compatible.

Rennie (1992) describes a client's experience of psychotherapy which portrays a qualitative approach to psychotherapy process research and uses grounded theory (Glaser and Strauss 1967; Strauss and Corbin 1990) and constructionist approaches. The analysis of the respondents' reports were broken into 'meaning units', passages of the transcript which stood out as a main concept. This is close in protocol to the current research and may reflect a general beginning in the psychotherapy research literature to embrace a qualitative methodology. There is also increasing evidence from the counselling field that pluralistic approaches, combining quantitative and qualitative methodologies, are seen as ways forward for research (McLeod 1994). In contrast Smith and Heshusius (1986) and Polkinghorne (1988) maintain that narrative explanation is based on a different logic of justification than that used for validity and reliability in quantitative approaches. The credibility of the explanation is viewed instead as a matter of the extent to which the researcher can 'win the consensus of the consumers of the explanation' (Rennie and Toukmanian 1992: 235), such as even-



handedness in the investigation and whether consumers think the explanation makes sense in the light of their own experience of the issues. This makes the two approaches incompatible.

It was from these qualitative, narrative, methodologies that this research approach was drawn since they enable the participants to contribute to the inquiry, at differing degrees, through the various stages of the research process. Due to the intimate nature of the subject area and the role conflicts envisaged, collaborative inquiry (or 'experiential research' as termed by Heron, 1971) was thought to be the most effective mechanism to overcome the problems which I foresaw and which are detailed later in this chapter.

The adoption of a qualitative, narrative approach would also enable the research group to become involved with the analysis of data if they so chose. I thought they would gain a deeper understanding of the group's experience of becoming a dance movement therapist; and give them a role in the process which was also another way of deepening their experience. As I wanted to go beyond an approach to case studies which are dependent upon the researcher's perspective this was met through the implementation of a collaborative style. In this study it was important to introduce participants in the research to become empowered as co-researchers. In this way they were sources of information and interpretation on their own group experiences.

Collaborations between client and therapist have been undertaken by, for example, Mearns and Thorne (1988), and Dryden and Yankura (1992) but they argue the study is best conducted after the end of the counselling relationship or it will interfere with the counselling process in ways that may be unethical and unhelpful. The above studies used taped recordings and reviewed them with clients some months after the close of counselling. They are based upon the principle that different sources of information will allow a triangulation or convergence of data to take place. Interpretation of material by more than one researcher results in less bias or counter-transference arising from one individual investigator.

Criteria for validity in collaborative inquiry have been queried in the literature by Heron (1988), Reason (1988a) and Rowan (1981). Heron states:

'the purpose of co-operative inquiry is to get these two worlds

[presented and posited] into active dialogue with each other and with the developing researched world'.

The presented world he defines as ever-changing but its constructs are confirmed as authentic through agreement in action or use. This makes up a fourth world of action established through the coherence of concerted deeds. The validity rests on this coherence.

'The coherence of the researched world and the coherence of the posited world are modified by, and have their experiential touchstone in the coherence of the presented world (which they also modify) - and this has its touchstone in the coherence of the world-of-action. The subjective-objective reality explored by aco-operative inquiry is a dynamic interaction between these four worlds.' (Heron 1988: 42)

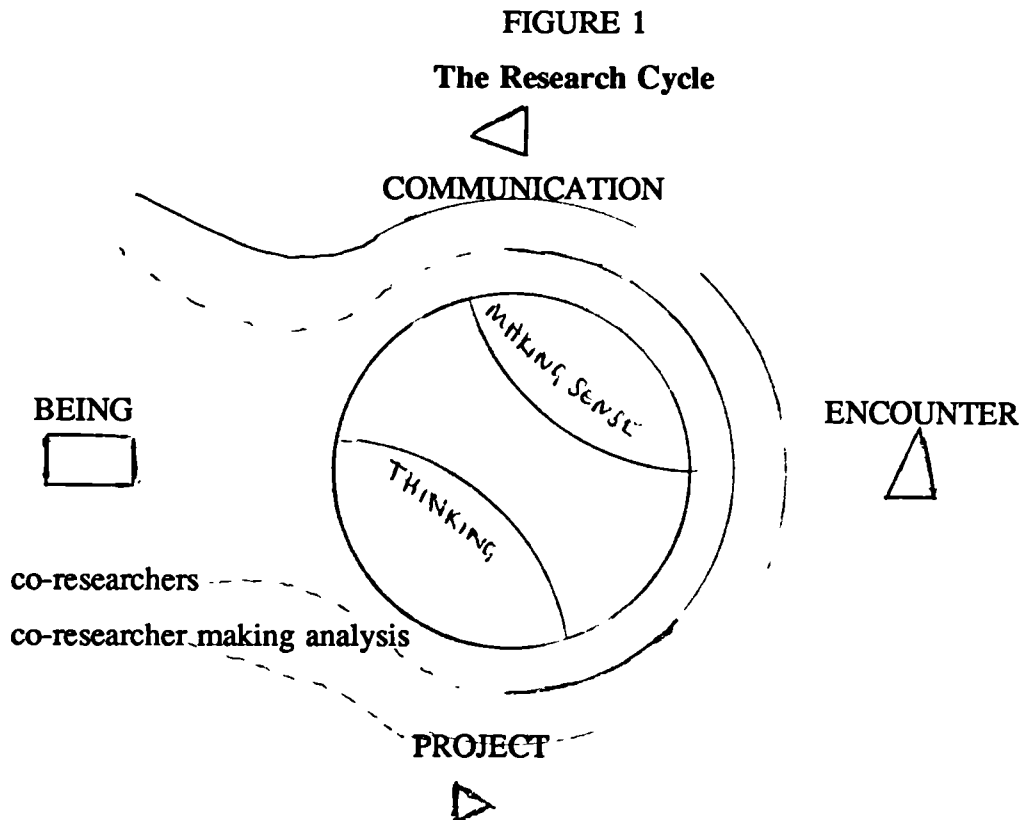
In such an inquiry, according to Heron, statements (propositional/posited) in the research conclusions are coherent with the experiential knowledge (presentational) of the researchers as co-subjects, and their experiential knowledge is coherent with their practical knowledge (world-of-action) in knowing how to act together in their researched world.

The dialogue between the coherence of the conclusions with the inquirer's experience is then presented back into the research world and interacts dynamically as the working criteria of validity. There is an openness in construing the presented world which interacts with alternative conceptual frameworks during experience, in construing the posited world. The ensuing dialogue then interacts with the researched world.

In the current research each participant reflected on experience separately from the others. However, the collective group of participants reflected on the research process at regular intervals and experienced the DMT group together. In one case a co-researcher also reflected upon the interpretation of the initiating researcher's conclusions and another was fully involved in her own analysis of interviews which were then co-ordinated with the initiating researcher. This is an interactive model. If the dominant paradigm is stemming from a patriarchal society then the feminist (Roberts 1990) approach (seen as interactive/connecting/co-operative) will not have much status because it cannot be marketed since the male paradigm cannot see any need for it. This may be one of the reasons these approaches are not prevalent in the

literature.

Peter Reason (1988b) points out that the idea of co-operation does not mean that all those involved have to contribute in identical ways. People can work as initiators, teachers, facilitators, formal researchers or managers and all can contribute to the research process. John Rowan (1981) developed a research cycle to illustrate the different kinds of relationships of the people involved in an inquiry. By drawing lines around the research cycle an indication of the extent to which this research enables co-researchers to go round the whole cycle together or simply engage together at different stages of the overall process. In Figure I we can identify whether the relationship is fully collaborative (solid line), alienated (dotted line) or somewhere in between (dashed line).



The above Figure I is taken from Rowan (1981) who argued orthodox inquiry alienated subjects from the research thinking, project, product, other people and themselves. Collaborative inquiry is seen as the least alienating style. Rowan draws up the 'dialectical research cycle' as a way of illustrating the degree of collaboration in a project. The terms are important to note. 'Being' denotes the stage at which the researcher is resting in an awareness of the particular problem to be researched.

'Thinking' consists of refining the problem by, for example, searching the literature. 'Project' embraces the design and plan for research. 'Encounter' is the point at which the research is undertaken, for example, a survey, interview or observations. The researcher's data processing, content analysis and so on is termed 'making sense'. The writing up of the research project in a thesis or paper is termed 'communication'. This illustrates how research is an alive, active process engaging with the world. The cycle can map the different ways of engaging with other people as we move round it. For example, the traditional experimental researcher goes through all the stages alone, making contact with subjects only at the point of encounter, the fully collaborative style ensures co-researchers/co-subjects are engaged at every point. Between these extremes are many variations. In this current research involvement was genuinely negotiated in the latter phase of 'thinking' and 'project'. All co-researchers contributed to the creative thinking about design and methodological problems as they arose. Some contributed to the communication phase and all commented on the sense-making, although only one wrote her own analysis of the observations. There was authentic dialogue throughout the research 'encounter' phase to some extent as well.

Some of the ways we can think about collaborative inquiry emerge from methodologies in ethnography, educational evaluation, and research in the management and therapy fields. Most qualitative forms of inquiry recognise the researcher is a key actor in the research. However, in collaborative inquiry it is the systematic self reflexive procedures which distinguish it from other forms of data gathering. The focus is on the 'self' as researcher, as the main instrument of data gathering. It may include other researchers' analysis and interpretation of data but in this study the initiating researcher's contribution is central to the dialogue.

The research approach built upon final fieldwork of my M.Phil thesis (Payne 1987) which looked at client perceptions of a particular DMT group experience using illuminative evaluation (Parlett and Dearden 1977). In this study I trained interviewers to interview clients since I was conducting the DMT sessions myself over a period of time. However, in the earlier M.Phil pilot study I was both therapist and interviewer and here, even with the added safeguards of supervision from both the academic and clinical standpoints, difficulties in role conflict were not entirely avoided.

In the case of this current research study I was to be course leader as well as

initiating researcher therefore it was predicted that difficulties would again arise as a result of the two roles. Safeguards would be required to counteract the investment of students and researcher in the two different roles. In developing the methodology I was extremely aware of the dependence I might have on the successful implementation of the proposed DMT course and the DMT group experience within it. There were six aims for the current research:

1. To explore the student dance movement therapists' experience of the DMT group unit whilst in training and in practice (the primary aim).
2. To develop a model for the evaluation of therapy training courses in higher education.
3. To identify a range of competencies that a trainee could expect, as learning outcomes, from a therapy group which was part of a training course for arts therapists or psychotherapists in higher education.
4. To facilitate research participants to have opportunities to have monitored and evaluated their learning from the DMT group in ways which would contribute to; a) their course experience as a whole, and b) their eventual practice as dance movement therapists.
5. To explore, methodologically, the nature of collaborative inquiry, specifically in DMT research.
6. To provide a design for other training courses in the fields of dance movement therapy, the arts therapies and counselling/psychotherapy.

## **THIS RESEARCH: A DESCRIPTION**

This section describes 1. What was undertaken (events), 2. With what tools (research tools), and 3. With what consequential effects, particularly those stemming from the methodological approach (methodological issues). For an analysis of the collaborative research process itself see chapter five.

### **1. Events:**

In relating what actually took place because of the nature of collaborative inquiry there were three inter-related points at the outset which need documenting. One was the aspiration to access information (and the research as a whole) for the participants, another the problem of institutional acceptance and finally the participation process itself including gaining informed consent from the participants. Students' willingly gave their consent to participate partly due to adequate information

having been disseminated prior to the project, as well as a commitment from myself to continue this sharing throughout the research itself. However, it was not a straightforward decision for students to elect to participate as we shall see below.

### Access

The participants were invited to have access to information, data and papers throughout the project. The idea of the research had been introduced to candidates for the DMT course at interview and to the prospective DMT group facilitator at her interview for the post with the course leader. In addition, candidates offered a place on the course were sent information about the researcher's intentions, aims of the project etc in a separate letter, prior to arriving for registration. It was particularly important to brief them, prior to the commencement of the course and their registration about the intention to run the research alongside the course. It prepared them for anticipated issues such as confidentiality, should they select to become involved. At the first meeting of the student group concerned with the research, it was suggested they might like to think about joining the project and let me know in a week at the next group meeting. They all decided to become involved, which is discussed later as a matter of interest.

The distribution of a short document, an information sheet outlining the research objectives and methodology and ethical issues thought to be relevant (see appendix) prior to their participation ensured they were fully informed. During the initial weeks of the first term agreement was gained from all participants about their involvement, a contract was then developed for them to sign and the research process was under way. At the outset a section from my M.Phil was disseminated in order to provide future participants with more detailed material of the type of methodology which would be implemented. The research procedures designed prior to their involvement were shared at this point. Later a paper, written halfway through the research process, for a conference (Payne 1990), was also circulated to all participants and the facilitator for comments. The analysis of later interviews showed this document helped participants to clarify the purpose of the research. Finally, the transcriptions were distributed, to those expressing an interest towards the end of the project, for their own analysis of themes, which gave further access.

More recently a paper based on chapter five (The Wheels on the Bus) was

circulated to the research group for their comments. Most replied with some comments. They all wished to be acknowledged as participants by name and identified as such on this paper if it were published. Comments from the research group have therefore been included in those papers and in the thesis to ensure that an accurate reflection of their experiences has been documented. Heron argues that

'the 'truths' researchers generate are a function of their procedural norms and underlying values. And if these truths purport to be about persons other than the researchers then they have indeterminate validity, no secure status or truths, until we know whether those other persons assent to and regard as their own the norms and values of the researchers. Statements about you which do not take account of the values and norms of your sub-culture, but dress you up in the values and norms of my somewhat different sub-culture, are not really statements about you. Statements about persons as agents are true of those persons when the statements are reached by procedures that show cognizance of the values of those persons. Thus, for example, questionnaires and all such instruments unilaterally designed by researchers will simply rest on their prior norms and values.' (Heron, 1981a: 33)

With reference to these ideas the current study attempted to address my own value system. For example, a participatory process was embarked upon to ensure a value system explicitly shared by co-researchers and procedural research norms were agreed together on the basis of that value system. In addition, a survey questionnaire was designed from language already used in the literature. It was piloted first with a local private training course. A preliminary, pre-DMT group, student questionnaire was similarly piloted with dramatherapy students using language and norms found in material from previous course evaluations.

### The Process of Participation

The idea to focus on the DMT group was my initiative not the groups'. There were five factors that may have cast doubt on their willingness to participate. Firstly, they did feel, and have said this, that at the beginning, in volunteering to participate in the research they were doing so because it was something new, expected of them and concerned with the course. Secondly, they all 'chose' the course so they would have had a vested interest in it being 'good' particularly since they were the first group of a ground-breaking course in a little known subject area.

Thirdly, it was a feature that all volunteered, possibly not wanting to be the only ones from such a small group to be different. Fourthly, they may have wanted

to appear the 'good' students and participate because it was seen to be the 'good' thing to do. Fifthly, a comment from a co-researcher on a paper recently circulated suggested one reason for the difficulty in choosing not to be involved was the peer group pressure. She recommended an individual session to discuss joining such a project would have been a preferable procedure. This connects with the theme of the individual versus the group (see page 129) whereby the group appears to have a supportive and/or disturbing function.

These factors need to be born in mind when considering if there was a real choice to participate. Participants have since said that it did not feel like a choice at that time. This may have been one reason for the limited collaboration at the early stages; they may have been a little resistant to contributing more fully if they felt there was no real choice given to them. Gaining access to research, when it is based within an institution in which the course is taking place is difficult since it does not sit well with the aspiration to give ownership, choice and empowerment to participants.

Through the provision of information by the initiating researcher participants were able to gauge, to some degree at least, the kind of commitment required in volunteering to be a research member of the project. There were discussions about the research contract (see appendix) which outlined the kind of commitment and boundaries we would work to. Although there were reservations later on about how informed one could really be at this early stage; given that predictions about the level of commitment were difficult to give accurately at that time, it was generally felt the drawing up, together, of this contract helped to clarify and recognise responsibilities for the successful outcome of the research project. Confidentiality was particularly important in gaining consent to be involved. This, more than anything, was an anxiety for participants, indicating that the decision to employ an interviewer was correct. Gaining informed consent was another aspect of the participatory process. At interview (April-July 1989) all candidates received a briefing about the research project. It went something like this.

'We are hoping to run the course and a research project on one aspect of it at the same time. It is a new course and as such bound to be experimental to some extent. We thought we'd tell you at this stage of the intention to initiate a research project. It is an exciting opportunity



for a collaborative piece of research. From time to time a colleague will interview you about your experience of the DMT group, a unit on the course, since this is the focus of the study’.

Candidates were then invited to ask questions.

### Institutional Acceptance

Colleagues within the institution were informed about the aims and methods of the research as previously mentioned. However, despite requests for comments and attempts to promote discussion at staff meetings, little interest was generated at the institutional level which was disappointing since the research was aiming to be collaborative even to those on the fringes. It seemed that the researcher’s own institution was more complex when it concerned a staff member’s research than in a setting outside. With hindsight it became clear more emphasis needs to be placed on encouraging the institution need to become familiar with the research to enable it to be supported in the institution as a whole and be successful. For example an incident at a course leaders’ meeting showed that the documentation and perhaps invitations to research seminars could have gone to all course leaders as well as their staff. This illustrates the care with which a research project needs to be planned for some time before its inception. The research involves bringing an element of change into the organisation and as such this change may hold many associations for staff which need to be addressed within planned strategies.

## **2. The Research Tools:**

These fell into the four categories; interviews, group de-briefings, biography (journal) and two questionnaires which are described in detail below.

### Semi-Structured Interviews

The research’s main tool was a series of in-depth, semi-structured interviews. The reasons for selecting this tool were threefold. Firstly the student group was small, eight in total, so in-depth analysis was crucial to gain a detailed insight of group and personal experiences. Secondly, it was thought an interview which had some focus of questioning as well as allowing for a journey - because of the nature of the subject - into an issue which seemed relevant at the time would yield more information. Thirdly, since the aim of the study was to explore the individual participant’s perceptions of the DMT group and to see if these connected to the perceptions of

others, an individual, rather than a group interview, would allow for in-depth probing of their experience whilst maintaining confidentiality from other group members.

The interviews were audio-taped and undertaken by a skilled interviewer employed for the task. She needed to be trained in counselling and skilled in the interviewing process due to the nature of the research subject, a therapy group (see appendices for biography). She was required to refrain from attempting counselling and to adhere to the task of the interview. The data was then transcribed and coded, and later analysed by me for recurring themes and issues. During the final stages of the project the co-researchers also read and analysed some of their transcriptions.

These interviews took place at the end of each term for two years and at a six month period after their completion of the course. Consequently each participant was interviewed seven times during the process of the research programme as a whole, six during the course itself and one six months later. Apart from odd absences this was the structure. For all but the final interview, which was conducted by myself, an interviewer was employed. The grounds for this were the issues surrounding my role conflict as initiating researcher and course leader. The interviews were initially held at the institution then later at the home or workplace of the interviewer. Apart from the first set of interviews participants and the interviewer liaised on the dates for the interviews, which mostly took place at the end of the term, two weeks prior to the break in the DMT group to enable the feeding back of any reflections into the group itself if appropriate.

Separate meetings were held by me with the interviewer to debrief and to introduce the interview schedules. Co-researchers requested that the group facilitator be interviewed on her perceptions of the research process and this took place in the final year (see appendix). I interviewed the interviewer twice on her experience of the interviewing process (see appendix for example) and myself undertook an interview with a skilled interviewer at the end in order to clarify the research process over the years.

Of related interest was the issue of the transcription process. I decided to employ a transcriber in order to safeguard anonymity for the co-researchers (a different reason from that in the decision to employ an interviewer). If I had transcribed the recording it would have been obvious to me who was speaking in the

interview. Aspiring to maintain objectivity in this way brought losses as well as gains and these are detailed in chapter five. In particular this requirement to ensure confidentiality by employing a transcriber led to several problems with the transcription process itself. With hindsight the interviewer could have been asked to transcribe the interviews which would have solved most problems such as the fact that I was unable to re-visit tape-recordings to make sense of words and pick up on nuances. The gains appeared to outweigh the losses though since people felt freer in speaking and more trusting with the arrangement. If I were to conduct a similar project I would negotiate to keep the tapes and listen to them, say one year later to check for errors.

Themes were arrived through four stages which were repeated after each set of interviews, namely:

- i) Total immersion in the data reading all transcriptions;
- ii) Identification of themes in common, different or contradictory;
- iii) Re-reading, double checking on analysis and fine tuning themes;
- iv) Reflecting on themes for interview schedule.

### Group De-Briefings

These were regular sessions involving all the participants and myself. One early meeting took place prior to the commencement of the research interviews to consider the research as a whole and negotiate the conditions of involvement and some procedures. Out of the total eight de-briefings one took place in December 1991, one term after the end of the course and the final one in July 1992, one year after the end. The remaining six were at intervals during the fieldwork. A de-briefing session was undertaken at the end of term, after each set of individual interviews, in order to discuss the research process, particularly participants' experience of their interview, although not the content. Participants were also encouraged to engage with any emerging research problems, such as pitfalls in the design. These two to three hour sessions were relatively unstructured in the main, and tape recorded for accuracy and ease of documentation, words being the co-researchers' own rather than my interpretation from memory or notes.

At these sessions I facilitated a group discussion and usually had a few specific questions arising out of the previous debriefing, the interview process and emerging research challenges. This enabled the co-researchers to reflect upon the research and

to make any contributions and decide on adjustments they felt necessary. Our de-briefings were of a collaborative nature whereby responsibilities for time-keeping, note-taking and so on were shared. We always had a short slot at the end for reflections on the session itself.

The de-briefing normally took place at the institution, my place of work or a co-researcher's home. Dates were made at each for the next one to coincide with the end of the interviews for that cycle. Occasionally some individuals had not managed to have their interview prior to the de-briefing due to illness, work commitments and so on. If anyone was absent for a de-briefing a transcription (since it was tape-recorded) was forwarded to them so they would be informed of the content before the next one. I also telephoned them to ask for their feedback on the issues raised. This schedule remained in place throughout the fieldwork programme.

### Biography

A further research tool was a personal journal which co-researchers were invited to keep. Although all participants kept a personal journal two people undertook to submit theirs as data for analysis. This data is referred to as a case profile. The idea was to gain an in-depth account of two individual participants' experience of the DMT group to provide an additional, different perspective in the analysis. Headings for the journal writing were suggested by me, for example, structure, intra-personal issues and facilitation. The relevant section of the journal each period which contained thoughts, ideas, feelings, drawings, poems and material about other group members, anonymised, was submitted to me prior to each set of interviews for analysis by me. At one point a story was to be written by one of the case profile individuals which failed to materialise due to her time pressures and involvement with another course immediately following the DMT course. This was unfortunate as her story could have been included in the thesis and used in the analysis and making of conclusions.

The two participants involved in these case profiles were known to me and to the interviewer but their codes for the tape-recorded transcriptions were not. After each analysis of their journal, questions were raised in their interview which followed up their reflections and encouraged further reflection. These questions were added to the semi-structured interview schedule, the interviewer simply including them for these participants. In this way the case profiles had a more individually orientated

interview than other members of the research group.

Despite the enormous personal benefit these two participants felt they gained from the undertaking only one was able to analyse her journal. However, in retrospect it was felt these journals contributed little to the overall focus of exploration of the research and so, only part of one is included in the analysis.

### Questionnaires

As previously mentioned in this chapter, before the prospective students were even interviewed two questionnaires were administered to provide important background for the study. The first questionnaire was designed to elicit expectations of an experiential group was piloted with a previous year's dramatherapy course part time students, in their first year, before they started their dramatherapy training group. This was a year before the DMT course started or students were interviewed. Following amendments it was then distributed to all DMT group participants prior to the first DMT group session in order to elicit their expectations and attitudes to help clarify issues to be addressed in the first series of individual semi-structured interviews.

A second questionnaire was designed and posted to over 100 international arts and psychotherapy programmes, (see appendix for list of courses) with the option of some follow-up interviews in North America (see survey analysis, chapter six). This helped to put the DMT course and its experiential group in the context of other similar training programmes nationally and internationally. In undertaking these two questionnaires the research aimed: a) to elicit students' expectations and attitudes towards the DMT group experience prior to its commencement and, b) to gain a perspective on the type of unit offered in the DMT course, namely the DMT group, in relation to similar units on other courses of the same nature in arts therapies and psychotherapy, both in the UK and abroad were realised.

### **3. Methodological Issues**

Several of the issues challenging the methodological decisions I took are described below. They are grouped under the following headings; ethics, confidentiality, the decision to employ an interviewer, the initiating researcher's resignation and her relationship with the DMT group as a training unit.

## Ethics

On the DMT course validation visit to the Division of Arts and Psychology, HCAD, St Albans the CNAA said the ethics of running a therapy group were difficult on such a course; i.e. to have a therapy group would be difficult on an academic course with assessment and the staff wearing other "hats". Further discussion of this issue can be found in chapter three, page. 25.

In the returns from the world survey questionnaire (distributed for this research to all known arts therapies courses and some psychotherapy training) one American DMT course raised this very issue. This person indicated their professional association (ADTA) had said it was unethical to have group therapy on a training course, although they encouraged individual therapy outside of the course. Without knowing what the ethical problem they were referring to actually was it is difficult to understand their reasoning for saying this. It is generally understood in psychotherapy training that the same kind of therapy contract as is made in a hospital or privately cannot be made in a training course in higher education. However, some limitations are placed on the therapy contract in other settings as well.

It became apparent during the closure of the DMT group that co-researchers were concerned about their need to continue their contact both with me and each other. However, this does not mean the running of the DMT group was unethical. Clients of therapy groups normally find the ending difficult for a variety of reasons as do students finishing training courses. The participants acknowledged that although the research provided them with a much appreciated opportunity for collegial support it constrained their ending of the DMT group precisely because there were these continuing close and pre-arranged contacts for the future.

Finally, the fact that I was gathering data for another purpose (for the research reported in this thesis) during the course may have posed ethical difficulties. However, we did have informed consent it did not. Since I was, at the time, the only DMT staff member making the recommendation to the external examiners and examination board for passing or failing a student I could have been placed in an extremely difficult situation, had I been able to identify student's material. This was another reason why an interviewer was employed and why the complex process of ensuring confidentiality was paramount to the research context. Had I been the interviewer as well I may have been unconsciously influenced by my knowledge of a student's material in the DMT

group. It could have been said that I found myself, as course leader, in a highly unethical position having access to such personal data yet also in an authority position of assessing students. Therefore a decision was made to keep the research data anonymous to me. This was possible during the time I remained course leader. The confidentiality procedure employed is identified below. The raw data was confidential to the interviewer, the researcher, the researcher's tutor and the co-researchers. At no time was a participant identifiable unless she requested that she be.

### Confidentiality

Given the small number in the group naturally confidentiality was an issue. It was not possible to totally anonymise participants yet it was important to find some way to protect them from exposure and sensitive issues. After a discussion with the co-researchers a design was implemented whereby each person was given a letter from the alphabet by the interviewer forming a code which only she knew. This gave the co-researchers protection at the time of the group process, whilst on the course and during follow-up interviews. I agreed to present documentation to the co-researchers prior to submission of the research thereafter.

Another critical issue emerged due to a decision by the management of the college that I should share supervision sessions (i.e. with the same supervisor at the same time) with the DMT group facilitator for the research group, for my facilitation of the next intake's DMT group. All facilitators are required to have supervision. However, this would have led to a breach of the confidentiality agreement for the research group since I would recognise any references to people in the research DMT group and their current issues. This would make it easy for me to work out who was who on the interview transcriptions making the agreement we had made together as a research group null and void.

It became apparent that a confusion of roles would result and that I needed to establish and maintain my role boundaries between my course leadership, prospective DMT group facilitator and my researcher roles. Luckily this issue was confronted and the DMT group facilitator was invited to run the following intake group as well, which was a personal loss to me but a logical solution to the problem.

Another area of difficulty in terms of confidentiality was the dual role I was given by management in term five. I was to be personal tutor and course leader as

well as researcher for the same research student group. This made for a tension between the material emerging in the DMT group which could have been shared with me as a personal tutor (although in theory it could also have been shared with me as course leader in some circumstances).

In December 1990, for other reasons, I resigned from my post. In relation to the issue of confidentiality one advantage of this was that participants in the research no longer felt I had a role as assessor or that I had access to personal material from another role, such as tutor. In particular they felt pleased I was no longer in a position of having to hold the tension between roles; that I could now have access to personal material via the research on the DMT group. Participants felt freer to talk about the DMT group and the research process to me in this respect. The following quotation from a de-briefing a term after I left illustrates this point and that of the tutor role made in the above paragraph. (At the end of this chapter there is a short section on the event of my resignation in addition).

MG 'Also your position is different with us now, you are not assessing us you are outside of that.. Freer, frees us up.

All mm, Yeh..

HP Before I might actually have been assessing you...

MG Because you can't be unaffected as a tutor. How can you be a neutral, you just said no such thing as a neutral therapist. Can you be a neutral teacher? Bound to carry over.

HL Where else do you take that [more personal material in tutorials] really?...It didn't happen for me, could have though.

HP If I'd stayed on through the year?

HL Yes, yes,  
(Quotation from de-briefing 18/3/91)

These issues reflect the important connection between institutional decisions and their effect on a research project in the same institution, particularly when complications arise and the researcher and co-researchers have little power to control management decisions which could alter significantly the successful outcome of the research project.



### The Decision to Employ an Interviewer

This was a crucial decision and one that had to be made early on in the conception of the project. It was clear that I would be engaged with the students in a number of different capacities such as: course leader with responsibilities for participants' success or failure in graduating and assessment, initiating researcher, workshop leader, clinical supervisor and seminar leader/lecturer. Since a major difficulty arose to start with - the powerful position I would be seen to be in (and indeed was in for most of these roles) - the anxiety it might cause for participants in the research needed to be considered if I was also interviewing them about their DMT group experience. Maybe they would feel the need to please me, to be the 'good student', particularly since they would be aware of my vested interest in the success of the DMT group. Maybe they would need to act out and punish me for failing their essay and so on. It would therefore not be appropriate for me to have this form of relationship with them as well.

On the other hand it was crucial for the interviews to be conducted by an experienced, skilful interviewer and one who could be empathic with the sort of experience being studied, without being lured into a counselling role. While I would have met these criteria and may have given my tacit knowledge of the processes involved in a DMT group (and therefore my in-depth probing skills) it would have been too problematic to have conducted the interviews myself, due to the role conflicts already identified. However there were losses as well as gains. The losses included:

- i) being unable to retrace tape-recorded, muffled words from memory, not having been physically present at the interview;
- ii) lack of observation of non-verbal communication.
- iii) less secure commitment of interviewer;
- iv) continuity of interviewer.

On weighing up these issues on balance the best solution seemed to be to employ an outside interviewer provided the interviewer was carefully selected. An interviewer was selected on the basis of her graduate status, interest in dance, training in counselling and interviewing skills and willingness and time to commit herself to the project. Fees were paid by the institution and myself jointly. She and I maintained

contact throughout the study. I designed clear interview schedules and discussed them with her. She conducted the interviews and gave feedback on the administrative elements. I met and liaised regularly with her after each interview to discuss the following: non verbal communication, emotionality, issues surrounding the non-recording of any interviews, the interview schedule, and aspects from previous interview transcriptions which I felt could have been probed further (see appendix). With reference to the interview schedule, although she was an experienced interviewer and had counselling skills, she did, at times require some coaching and clarification from me on processes and issues in between interviews.

For example, I found two points in the interview six transcriptions which could have been developed further. In 'F' page 22 (see Appendix) when the interviewer said 'in a way clean breaks are easier', in the context of the ending of the DMT group. If I had been interviewing I would have resisted sharing my own ideas on breaks and explored the link alluded to by the interviewee about her difficulty with ending the DMT group yet having to continue with the research project concerning it. How did the fact that the DMT group had ended influence her involvement in the research and how did this get reflected in her difficulty with the closure of the DMT group?

Similarly with co-researcher 'D' on page 26 the interviewer stated 'your experiences here, [in the DMT group - writer's note] working on your anger, how is it going to benefit your practice?' The interviewee answered 'they are very important but I'm surprised they are not influencing my practice more'. Rather than stating a question with an assumption 'they would benefit her practice' as the interviewer did I would have preferred to ask how these experiences would connect, if at all, to her practice as a dance movement therapist. I would then have gone on to attempt to discover why she felt such experiences of working with her anger were not influencing her practice, the reason they were important to her and the precise nature of her surprise. When I devised the interview schedule perhaps it was not clear enough that I was interested not so much to explore whether issues they were working on in the DMT group benefited their practice, but rather whether any insights gained from being a client in relation to the issue of, say anger, generally coloured the way they practised.

In interview four (November 1990) it would have been preferable if the

interviewer had stayed with the interview schedule for the question relating to practice. I would have probed further in interview four 'G' where the issue of her 'breaking ranks [being different] in the group caused fears. However, I may well have failed to point out again to 'G', on page 3, that she could bring any questions or issues to the interview, emphasising the open-ended nature of the interview. I might also have missed the deeper implications revolving around the issue of how much time was taken up in verbal sharing in the DMT group for interview four, 'F', page 6.

Included in examples of those things I would have done differently were those from interview five, 'F', page 4, such as when the interviewer gave information about a research paper. It may have been preferable at this time to have stayed with the student's feelings of exposure and fear of identification of participants. Similarly, in interview five with co-researcher 'F', page 16, I would not have used the term 'leaving', in the context of the course leader but waited until this came from the interviewee.

The interviewer and myself always de-briefed after each set of interviews. During this de-briefing the main issues were raised by her from memory and any contextual information not recorded provided, for example any difficulties experienced in arranging or travelling to and from interviews. Provisional blocks of dates were set for the following interviews at this time, for example where students could choose a specific time on a chosen day. A date was given to the interviewer for when to expect the next interview schedule from the researcher, and any feedback from de-briefing sessions provided. Finally, the interviewer was encouraged to reflect on how it was going for her and to raise any problems with the initiating researcher. In any future inquiry although the context would probably be different, I would take into account my specific role within the subject of the research.

### The Researcher's Resignation

As previously mentioned as course leader, for a variety of reasons concerned with the management of the course resources, I decided to resign from my post in December 1990, prior to the research project completion. This decision raised an issue for participants of my role as researcher if I was conducting the project whilst no longer employed in my role as course leader at the institution.

The research group saw the resignation in two ways. One as an advantage to

the research, the other as recognising the loss of expertise from their course. For example, one advantage cited by participants was that they felt they could relax more, be more on an equal footing with me and even requested I undertake the interviews. A disadvantage, if there was one, was their rage (see chapter seven on themes for the evidence of this) at my leaving them, and how that became a focus for the DMT group material and thus the research analysis.

HL 'I think it is something about wanting to actually take some control, that you took yourself [HP] away from us so I want to take myself away from you.

HP Yes, the anger [that I resigned]

HL Yeh, mother has left and is coming back as Auntie (laughs)... I can withdraw too.' (Quotation from de-briefing, 18/3/91)

### My Relationship with the DMT Group

If an outside researcher had been conducting the research they may well have had a different perspective. Maybe another staff member would influence students that another component of the course was particularly effective because of their belief system. The research needed to examine my relationship with the DMT group in the training as part of its methodology since a) I had such a vested interest in its successful outcome, and b) the DMT group is only part of a bigger course. This issue was explored by asking the co-researchers, in retrospect, what they perceived the relationship to have been in terms of affecting and/or controlling the agenda. We undertook a short workshop together, part of which explored my vested interest in the DMT group. The decision to employ an interviewer and for the co-researchers to monitor my relationship to the DMT group unit were also important strategies in acknowledging that I may well have brought an inbuilt success criteria into the research.

### **SUMMARY**

This chapter has outlined aims of the research, reflections on methodology, research events, tools and key issues in the methodological approach adopted. It provided a justification for the use of a collaborative/participatory style within a specific qualitative approach. The next chapter reports on the research process from the initiating researcher and co-researchers' perspective and identifies issues in relation

to collaborative inquiry.

## **CHAPTER FIVE**

### **THE WHEELS ON THE BUS GO ROUND AND ROUND:**

#### **THE RESEARCH PROCESS**

##### **INTRODUCTION**

If you are familiar with this action nursery rhyme you will remember that after each chorus of 'the wheels on the bus' there is a description of a character, each doing a different action as the bus journeys on. This chapter resembles the rhyme in that it describes what happened from the perspective of the actors in the research. It also has a similarity with the 'wheels on the bus going round and round, all day long'; this research too has journeyed around cyclically, for a long 'day'. It has been a process of cycles, those of action and reflection, both during the research itself and as I wrote up the process. The bus is a form of public transport and now the research, by its documentation in this thesis, is going 'public'.

This chapter aims to capture the evolution of the research process, particularly those aspects not referred to in the literature on collaborative inquiry or which I have previously experienced. It discusses two separate but inter-related perspectives on the research process itself, those of the researcher and those of the participants. It aims to provide a continuity of ideas emerging from the de-briefing sessions we had together which monitored the research process, the design and methodology, and the tools and procedures, taking into account the effects of decisions and processes on the participants. In providing this overview it is hoped that the reader will more easily be able to judge the validity and reliability of the research. The researcher uses critical subjectivity (Reason 1988b) to explore the subjective-objective dynamic of reality. This ensures the research is well founded in a dialogue between the world of the primary researcher and her construing with the developing researched world (Heron 1988). Critical subjectivity, at its simplest, is concerned with the researcher being systematically self reflective, to avoid, for example, the common human pitfalls of delusion and collusion. And in its complexity it was used in this study to ensure that the primary researcher's awareness of her own subjective experience and feelings about the research were acknowledged and

taken into account in the interpretation of findings. It follows Hammersley and Atkinson (1983) who, when speaking of ethnography, recognise that social research has a reflexive nature:

'..once one recognizes the reflexive character of social research, that it is part of the world it studies, many of the issues thrown up by the dispute over positivism become easier to resolve, and the specific contribution to be made by ethnography emerges more clearly.' (Hammersley and Atkinson 1983:3)

The purpose of this research was to examine the perceptions and experience of DMT students who took a course in Dance Movement Therapy in higher education and participated in this research at the same time. The key question was how did students' experience of a DMT group unit in post graduate training influence their practice as a therapist if indeed they thought it did? The focus therefore was not whether the DMT group was valuable but if it was valuable and in what ways to the future dance movement therapist. My particular methodological interest was to explore the process and nature of the collaborative inquiry paradigm within action research.

The way I've written this chapter on the research process is more personal, not to say emotional, than is typical in a research thesis. In my view this is inescapable because of the very nature of the subject matter. For this reason I have tried to recount honestly and accurately my thoughts and feelings about the whole process. It deals with the degree to which a therapy group experience facilitates the trainee's work as a dance movement therapist. It would be a false report of the research process if I failed to include both my own and the trainee's emotions, particularly since I had such an intense vested interest in the DMT group and the research (see Methodology, chapter four). In the preparation of this account I used two devices; a movement exploration of my own and a factual dialogue to recreate the experience I felt. The chapter is introduced with two pieces which arose as a result of these self imposed structures. After this the chapter is structured in a more formal mode.

The idea of collaborative inquiry had been a private aspiration for me prior to the first meeting with the students; for example, from reading the literature, planning and from formulating a framework to guide the research based on my MPhil. In my

psychological and emotional development I wanted to explore the challenge of both being separate and connected to the research and collaborators. It was only at the first meeting the possibility of collaboration seemed possible. In order to set the scene for the kinds of issues and dilemmas that would arise later it seems important now to document my anxieties about this first meeting with the students.

What follows is my description of the early phase of the research process. Here I am trying to cue the reader as to my internal feelings at this early stage in the research. I moved the early phase to recapture it and the following is a reflection on that experience.

My excitement was almost overwhelming as the first group of candidates arrived for their interviews. Not only was my dream of recruiting for the first nationally validated post graduate DMT course being actualised but also my idea for a research project. The two were interdependent. No recruits, no research project.

As I invited candidates' comments on the proposed research there was silence. Enough perhaps to have been informed of the course and that the research would run alongside one aspect of it. Whether they chose to become involved was another matter, too soon to know maybe. Or did this mean they would fail to accept an offer of a place on the course?

Did they feel threatened by the idea of research?

Was this not their interest?

Certainly the college management had suggested it was unwise to say too much about my plans for the research at candidates' interviews.

I had to convince the managers that something needed to be said to enable potential students a choice in their attendance at the course. 'This may threaten numbers of recruits' I was informed, 'go gently, Helen!' I was told.

The course had been a goal of mine since 1984 (Payne 1985). I had prepared intensively with colleagues and it had been initiated and developed for a successful CNAA validation by 1987. Clearly I had invested much in its success.

After several rounds of interviews it was hoped a viable group of students would arrive in September 1989 to join the course. My fear and apprehension during the preceding summer had been strong. Would anyone turn up? If they did would any be interested in joining the research group? What if no-one wanted to? How would I cope with this rejection



of my idea? My need to create something again? Many questions and no strategies for solutions. I would have to wait and see what happened, something which was scary for me since my preference is to control things so they fall into place according to a plan. This was my first experience as a researcher of 'letting go' of control of the research in this way at this stage. The tension was great.

On the first day of term there were eight students. As I opened up that first discussion about the research on that day my voice was shaky and faint. How unclear I felt, it was my research yet I hardly knew how it was going to proceed. I said something about a questionnaire and semi-structured interviews, something else about ethics and confidentiality. I felt anxious because I needed their engagement yet had little idea of the actual level of commitment required. Unlike previous research projects I had undertaken it was not so clear-cut. There were some questions from the students, a spark of interest perhaps. Somehow we managed to come to a stage of understanding that there was to be this research project. It would be concerned with their experience of the DMT group module of the course, in relation to their own eventual practice as dance movement therapists.

My attitude towards the research, which had been of an internal nature and quite specifically related to me began to open up a little as I met the students for the first time. [The movement here was of my hands shaping a small object moving out from my heart area].

What follows is a 'factional' account of how we came to this point. It is a distillation of a recollection of authentic data but not a direct transcript. In portraying events and feelings framed as a dialogue between the students and myself my purpose is to communicate the essence of this crucial early phase of the research process.

HP: It's my research but I want you to share in it.

Students: How do you want us to join in?

HP: Can you help to make some decisions, for example?

Students: We'd rather you told us what you want us to do for you.

HP: I can't do that, I don't know much about what will be required myself yet.

Students: We dare not risk becoming too involved just now, but we can join in and see how it goes.

- HP: That's great but don't do this just to please me.
- Students: We feel your power as course leader. We want to be good students, to do the right thing.
- HP: You don't have to do this to get accepted or to pass the course you know. The research is separate.
- Students: How do we know you won't judge us in our abilities as a dance movement therapist because of the way we respond to the research?
- HP: The honest answer is that you'll have to trust me even though we have agreed guidelines and we can continue to pay attention to issues and draw further boundaries.
- Students: We don't want you to know who it was that spoke about their experience in the DMT group.
- HP: OK - so we can talk about how to ensure anonymity and confidentiality in the research.
- Students: This all feels very new, like the course. We feel uncertain how it will pan out. You don't seem to know what will happen, we still want you to tell us what to do.
- HP: That's right, I'm really not sure what will happen, but we will need to build in time to reflect on the research process together to address any issues that emerge from the structure that has been set in place, such as the interviews.
- Students: (Three voices) I'm still just going to wait and see. I'm not going to write a journal on the DMT group (see chapter 4, Methodology). I'm going to write a journal but not to share with the research.
- HP: (Thinking to myself) Oh No!... I needed two case studies in my tentative plan. Do I have to hold onto that? Perhaps I should cajole, persuade or give them money to participate. No - I can write about why they didn't want to participate in this idea.
- Students: (Two voices) I'd like to write a journal and share it as part of the research.
- Us (students and myself):

So when one of us lets go others may feel there is a space for them. Let's see how it goes, no-one has to feel forced to do anything they don't want to do.

The dialogue finished here so that by the end of the meeting the agreement we came to was to let things flow, keep talking in regular meetings (de-briefings) and re-negotiate as appropriate.

## **THE RESEARCHER'S REFLECTIONS**

Five years is a long time over which to recollect the process of research. Some things stand out more as foreground in my memory, others emerge as background. For example, aspects that stand out in my mind include a series of issues such as the influence of my vested interests, dilemmas in the collaborative process (see 'A Choreographic Approach', chapter four), role conflicts, the transcription process, and the value of the DMT group. I am also aware that there were some unanticipated outcomes for participants and that there were specific ways I thought they contributed to the research.

### **a) A Vested Interest:**

The research was not simply assessing a DMT group and its value but one where a key member of staff believed in its value and will have influenced the students to some extent in this thinking.

From the outset, in, for example, my motivation for the selection of this topic for research, I was very aware of my strong interest in the success of the DMT group as a training medium for dance movement therapists.

As designer of the course it was clear that I believed the DMT group to be a valuable contribution to the training of students, both as a positive growth experience and as beneficial to their DMT practice. Indeed I had facilitated dramatherapy training groups on the post graduate diploma in dramatherapy several times so I had some first hand knowledge of the value to students of a similar experience. The belief was shared by my colleagues' in the training institution in which the course was located. Experiential groupwork, termed 'the training group' in art therapy and dramatherapy courses, was crucial to the process of becoming an arts therapist it was felt.

My authority extended to assessment and evaluative roles. Not only was I course leader

but also supervisor, personal tutor, seminar and workshop leader. It would have been very difficult for students not to have associated these other roles and responsibilities with me in the research interviews. During the final set of interviews, which I did conduct, one person said how she was beginning to see me as her supervisor during her interview when she commented that 'this is like our supervision sessions'. The evidence for this assumption also lies in the interview carried out with the facilitator where she stated that I was still 'Helen' in the role of course leader despite my communications always being clearly in my role as researcher. If the facilitator of the DMT group could not see the boundaries then it would be even less likely for the participants would see them.

However, once I and the students had left the course and the institution, they were able to be critical in my presence. This was evident during their final interview with me. My history as course leader was also raised. For example, students commented that their participation in the research was now a way of giving something back to me, mirroring their gratitude to me for setting up the course. My personal belief that the group experience is a crucial part of the training process was validated by comments like this and for example, when one said that it had been through the DMT group experience that she learned how to practice DMT, despite it not offering any one model. Several participants have since said that if I had been both course leader and interviewer they would not have been so open with me.

In monitoring the extent to which this personal belief in the value of the DMT group to eventual practice influenced the research four strategies were employed.

Firstly, I decided to employ a research interviewer from outside with no connection to DMT or the training. To avoid her posing any leading questions I decided to refrain from giving her any details about the purpose of the DMT group, although she was given papers about the research idea and methodology.

The fact that I designed the course also led students to grant me authority in the research process, an authority I was concerned to try to de-emphasise to engage their participation in the research. It was difficult for them to accept that I was not an authority but it would have been even more difficult had I been interviewing them. I may not have picked up any dissatisfactions because of my belief that the DMT group was a valuable experience, I may not have been so open to allowing or following up a criticism because I wanted their experience to be positive,

to be what I believed in.

In the event as confirmed at debriefing meetings, students did not have to please or prove to the interviewer that they found the DMT group valuable, despite the knowledge that I would see the interview transcription eventually albeit it would be anonymous.

The interviewer came from outside the immediate research group and, as has been mentioned, anonymity was maintained through a coding system for the duration of participation in the DMT group. Because of this there was a safety in the interview procedure making it possible for the interviewee to talk about the shortcomings of the DMT group as well as the valuable parts; they did not need to prove to the interviewer the value of the group in the same way as they felt they might have done if I had conducted all the interviews. On the other hand losses were apparent in my not undertaking the interviews. The non-verbal communication that is quite crucial in observation in order to make meaning of events and transcripts was not available to me and could not be part of my understanding. I also could not correct difficulties in the transcription process for example, where the transcriber could not detect a word or detected it incorrectly.

Secondly, as part of the monitoring of my vested interests I was interviewed, at about the same time as the penultimate de-briefing, by a skilled interviewer, who had no connection with the course or the research. The focus of this interview, which was tape-recorded and transcribed, was on my perceptions of the research process and reflected in particular on the process of collaboration.

Thirdly, by instigating frequent debriefing sessions, where both participants and I met regularly to reflect on the processes in the research, we were able to monitor my actual influence and students' responses. On reflection the decision to employ these strategies to aspire to impartiality seemed appropriate in that it avoided the role conflicts I will later outline.

Fourthly, as mentioned in chapter four, the research process needed to explore how my relationship with the DMT group in the training influenced students' reactions since the DMT group was only one part of a bigger course. One way to do this was to ask the co-researchers, in retrospect, what they perceived that relationship to have been. This was accomplished through a short workshop session (see later section, page 113, on the Value of the DMT Group).

**b) The Collaboration Process:**

At the beginning of the research I had said to myself, 'I want this to be a collaborative project'. My experience in completing my M.Phil research, which was not collaborative but was post-positivistic in methodology and explored client perceptions to the process of DMT, led me towards a greater understanding of the nature of action research. This, together with further reading and training, motivated me to want to learn more about collaborative research. Ideally collaborators or co-researchers need to be engaged in the project from the beginning. However, in this research such a relationship was not possible because students were not present to be engaged in the design stage. At the time I designed the research the students had not arrived on the course and to have waited would have led to a minimum of fieldwork and a delay in getting the research under way. Other reasons I have already stated.

Collaboration can mean many things. Here it meant the gradual involvement of the participants in the process of the research over time. Collaboration was, therefore, gently built in and evolved organically, more for some participants than others. As a consequence there was a modicum of early collaboration which centred around negotiating ethical considerations and the anonymity/confidentiality issues, (see Methodology chapter four) together with deciding how many interviews we were going to have and so on. Those kinds of process decisions were made by the research group but the actual idea for the research, the impetus and the design and qualitative methodology were mine. In this way I could be seen as the initiating researcher, who at the beginning had the idea to focus on the DMT group.

The decision to participate was required at an early and fragile stage in the group's life. This stage was particularly delicate for this study since the DMT course was the first of its kind in the UK. In addition the nature of the course, as with the therapeutic relationship, engendered a considerable amount of dependency on the course leader. For all these reasons deciding to participate in the research may not have been seen as a real choice, and this was stated, retrospectively. It was also the case that my role as course leader involved me assessing and passing students. This may well have inhibited their ability to take advantage of the fully collaborative nature I envisaged for the research. Therefore less collaboration at the outset was possible.

Monitoring the process of this research through the de-briefing sessions has been challenging drawing on both my skills as a group facilitator and my understanding of group

dynamics. In one strategy employed in the penultimate de-briefing session the co-researchers (which was the term most of the group came to use to identify themselves) interviewed each other. This was as part of a workshop exploring certain key issues which the initiating researcher had identified from the previous three years of collaboration on the project.

As the research process gathered pace the increase in collaboration can be seen to be symbolised by the change in terms I used to address participants. For example at first the participants were not too sure what they were. I called them research 'volunteers,' later they were called 'respondents' and towards the end they were seen by both myself, the initiating researcher, and by themselves as co-researchers. This outcome says something about how they saw themselves at the various stages as well as how I saw them. The process of change can be seen through these ways of seeing the participants. The first title had been used as a follow through from my M.Phil where the participants had been called volunteers. The second term, 'respondent', again initiated by myself, was arrived at from the interviewing process where I was always referring to what they said, their 'response' (answer) to a question, in the analysis. The term co-researcher was only introduced during the last phase of the project. In year three, when we explored the term most said they did see themselves as this to some extent although not as having authority in the research in the same way that I had. This, I feel, is one of the major issues in collaborative research. There is an imbalance of roles when the authority for the research is seen by participants to rest with the primary initiating researcher. As initiating researcher I was interviewed by an experienced outside interviewer to explore my understanding of the collaborative process. Several points emerged. The stage at which collaboration was greatest was in the third year of the fieldwork, the research having been mainly led by me for the first two years or so. This later involvement of the co-researchers revolved around the invitation to analyse their own transcriptions. This seemed to be the turning point in making the research more collaborative. From then on it was not only the principal investigator distilling all the themes. Towards the middle to the end of the research the full extent of this collaboration emerged. One example of this was their commitment, seen for instance in the arrangements for the final de-briefing meeting. It was organised by, and in the home of, one of the co-researchers, and attended almost entirely at their own expense. There were a number of reasons why there was this increased level of responsibility in the collaboration during this stage. The students had

come to value the support the research offered them, both personally and professionally, my resignation from the course leader's role seemed to remove the assessment threat, the end of the DMT group was itself in sight and now I myself had a greater understanding of the nature of the collaborative process.

One important point that emerged here was the difference between access to a project and ownership of it. At the beginning the group felt they had access but not ownership. By the end of the project most participants felt they also had a degree of ownership.

#### **Authority and Responsibility:**

The idea of authority and responsibility in collaborative research, authority linked to responsibility, is about the ability to make a response when necessary because you have the power, the knowledge, the experience, ability, money or something that enables you to do that. Part of the initiating researcher's task in this approach may need to be to provide the opportunity for the collaborators to become more responsible for the research itself. This may mean educating participants in the nature of research, research methodology, and sharing decisions and research costs whilst extending knowledge and skills. In other words empowering them to feel they can take more responsibility, to become their own expert on the research process as it affects them; to become co-researchers in effect. Simons (1991) speaking about giving teachers a stronger participatory role in action research says: 'This does not always lead to a more equal relationship however, a claim that is often made for collaborative research. Under the name of collaborative research a number of different relationships can be established'. (Simons, 1991:110)

So it has to be acknowledged that participants may never be equal in the research process given the authority, skills and knowledge of the initiating researcher. Each one needs to recognise the different roles and responsibilities whereby a more genuine interdependence can develop (Simons 1991).

In this case aspects coming under my authority included the initial impetus for the subject of the inquiry the design, tools and methodology of the research, analysis of the transcriptions, and the designing of the interview schedules. I was also the administrator of the project. This included the writing of documentation and papers or organising for financial support from grants or self-finance to: a) purchase the services of an interviewer and pay her travel expenses, b) purchase tapes and arrange for the loan of a tape recorder, c) pay the



transcribers' fees, d) refund initially co-researchers' travel expenses, and, d) pay for room hire for meetings. The limitations on funding did make it difficult to follow certain options.

The participants in this research did not see themselves as having as much authority as myself, at least not in the same way as they saw me having it; but they did feel that they had a voice. For example, through the small decisions about the research programme such as where, when and what we would talk about. And later in bigger decisions concerned with methodology such as whether or not to look at transcriptions and join the analysis and/or offer interpretation. In addition, the semi-structured interview was very open to their responses; they were encouraged to bring new themes into the process both there and in our group debriefing meetings. They perceived both these avenues as giving them a part to play in the research process as well as the research subject matter (their experience of the DMT group).

In summary there were five specific aspects concerned with the collaborative process;

1. My vested interest in wishing to use collaborative methodology
2. The fact that there was no collaboration to speak of at the beginning because the design was decided upon by myself.
3. That there was a gradual involvement in collaboration.
4. Through the process of decision-making a turning point was reached.
5. Co-researchers wanted to continue meeting as a group after the course had finished

**c) Role conflict:**

Several role conflicts arose from my position as course leader and initiating researcher. At the first debriefing session we talked about my wearing different hats and that there needed to be clear communication about when I had on which <sup>hat</sup> (see fig.2). The fact that it was decided to hold some interviews at the course venue and some at the interviewer's home or place of work was symbolic of this and illustrates I was unclear how to handle these roles. Interviews at the beginning (the first two sets) were all planned by me, in liaison with the interviewer, as were the debriefings. These were timetabled for the students on their day at the institution by me as course leader. There was some relief when these events took place outside the institution. Inevitably at the beginning there was some blurring of roles, tasks and boundaries. There were five particular role conflicts which arose:

- i) As researcher/course leader/interviewer (for the final interview);
- ii) As a potential DMT group facilitator;
- iii) As personal tutor for the students in the research group;

- iv) As assessor for the students in the research group;
- v) As researcher with the DMT group facilitator.
- i) **As researcher/course leader/interviewer (for the final set of interviews):**

As indicated in the chapter on methodology (page 35) early on I decided to employ an outside interviewer to conduct all the interviews, except, as it turned out, the final follow-up interview which I undertook. For me, doing the final interviews was an enormous gain, although in doing it I became aware of a loss too. It was fascinating listening to the co-researchers (as they were by then termed), the responses so rich and my feeling towards them so different from reading their transcribed words on a page. Actually being in the live context with them enabled me to delve into areas more deeply where it felt appropriate and significant rather than relying on the interviewer's judgement of when to probe. I also felt more involved as a researcher and more in control of the process which was a double edged sword.

The final set of interviews were very exciting and I was sad that it was only the once. If it had been possible I would have preferred to conduct all the interviews. This was my loss. There were moments in everyone's interview where I became very moved as the constellation of the ideas I had held so closely myself were being reflected back to me through their comments. Through being touched in this way it was as if I were being transported back to re-connect with my earlier role as course leader because it was then that I had felt my vested interest most fervently. It was quite difficult to remain in the interviewer role at these points. It felt like I was sliding back into course initiator, developer and leader. This feeling on reflection would seem to justify my reasoning in the first place for employing an outsider for the interviews.

It was difficult to keep the research outside the course, for example, notices about the research were displayed on the DMT notice-board; maybe a separate board for the research would have helped. Also, as previously mentioned some interviews and de-briefing meetings were scheduled to be held in the institution on the day students normally attended for their course.

- ii) **As a potential DMT group facilitator:**

In normal circumstances I would have probably been the facilitator for the DMT group. However, I was able to create the circumstances for an outside facilitator to run the DMT group

for the research. It was not a usual occurrence in the arts therapies training programme however. It was a decision which was in keeping with my belief that it would a) be more helpful to students to have a facilitator separate from the staff group, and, b) that for the research it was important for me not to have an additional role to the two of course leader and researcher. I felt the research requirements outweighed my professional development needs (I had not practised my skills for three years and facilitating the group is the nearest a full time senior lecturer gets to clinical work in such a setting!). This was a choice, either delay the research and run the group or let the research take precedence and go with the wave of energy emerging out of the new course. There may not have been a recruitment the following year and then the research would have been delayed for a further two years. It was in the back of my mind that I would get the opportunity to lead a DMT group so I was able to put it into perspective. However, when the second intake did take place, the following year, and I was given the role as their DMT group facilitator, I was also requested to have supervision for this DMT group with the facilitator of the research DMT group. All facilitators had supervision for their groups. This was a role conflict for me. If I had done this the anonymity of the co-researchers would have been jeopardised since content from the DMT research group would have been discussed at the supervision. They would have been identifiable by me and, in turn, the agreement we had made together would have been void. The analysis of transcriptions would have been with the history of my knowledge of the group content from another source, leading to confusion. Unfortunately it was not possible for the research DMT group's facilitator to have separate supervision so I withdrew from running the DMT group, in order to maintain these boundaries for the research.

**iii) As personal tutor for the research group:**

In the second year, due to staff cuts, it was decided by the management that I would have to be personal tutor to the same students who were involved in the research. This connected to my role as course leader and the role conflict with that of initiating researcher too. This new situation was discussed at our debriefings. It was felt that I might, as personal tutor, be required to counsel a student on an issue such as a bereavement, since I would then have responsibility for pastoral care (although it could also arise in the role as course leader). That specific issue might also be worked with in the DMT group. It may have been possible, because of this previous knowledge of the student's particular issue, for me to have recognised her from the

material in transcriptions. Fortunately, this did not arise but the research group were aware of the possibility. It would have been important for them, they felt, if it had occurred to then take it back to the DMT group.

**iv) As assessor for the students in the research group:**

As both tutor and course leader I was in a position of assessor for the research group of students. It is difficult to know, consciously, whether one is being influenced in one's judgement about someone in an assessment, from the information solely available in written form or from other information one is privy to which casts a doubt on the accuracy of the assessment. This was a private conflict and was concerned with my awareness that it is not that I would deliberately use the information, but that unconsciously it may influence decisions.

To gather data for research and then use it for another purpose also poses an ethical difficulty. It is unacceptable to consciously use the information. However, since I was the only DMT staff member making the pass/fail recommendation to the examinations board (due to staffing cuts there was no DMT team), it could be that the assessment was unconsciously influenced by my knowledge of that student's material in the DMT group. It could be said that this was an unethical position to be placed in, as course leader and as researcher. A trade-off was made and the research data was made as anonymous as possible. The decisions I took earlier concerning anonymity, for example having data transcribed by someone else, minimized the possibility of my using the data unconsciously. That is, the interviewing and transcribing were separated from the research process. This would have been more problematic if I had also been the DMT group facilitator.

**v) As researcher with the DMT group facilitator:**

As a researcher, role conflict with the DMT group facilitator became apparent. The facilitator said in her interview (after the close of the DMT group) that at first she had felt that everything had been new; she did not know what was expected of her and felt unsure of how she would run the DMT group. Her comment was that the research should have been postponed and been undertaken two or three years later when she had settled in more. Here was another role conflict for me. In my previous role as course leader I would have been sympathetic to her needs and delayed the research but as researcher it was frustrating to realise she had these thoughts at the initial stages of the research. I had wanted to involve her and talk to her before the project

to elicit her thoughts and predictions on how the research might affect the DMT group and her facilitation. However, it was a therapy group she said and so she could not get involved. It felt like she was using her therapist role to defend against becoming involved with the research, that it would be crossing boundaries; whereas the research could have explored that crossing as part of the process.

Her response to all internal documentation which was sent was, in retrospect, that they were another memo from me as course leader, it did not seem separate from the course, she felt, although it was signed with the term 'researcher' and written on my personal paper. The facilitator talked about seeing me as a political figure and her not being able to let go of me with my course leader's hat on. Her unwillingness to be part of the research was concerned, she felt, with her need to stay out of the political struggles that were taking place in the institution. Being involved in the research was synonymous for her with being involved in the politics within the institution because it was me, the same person, in both, '... you tried to keep the things separate, but they weren't - you were the same person in different roles'. (Quotation from initiating researcher's interview with facilitator, see appendix page 349).

She said she felt 'watched' because of the research, indeed the students were sharing information within the research which reflected upon her skills. She felt a need to know, she said, just what the students' were saying - once requesting to see the research data, which I again explained was confidential in its raw form. No response was received from her (although participants made comments) when I distributed a paper (Payne 1990) written for a conference halfway through the research. However, part of her, she said, wanted to know about the evaluation, specifically how the students were evaluating her, and another part wanted to completely distance herself.

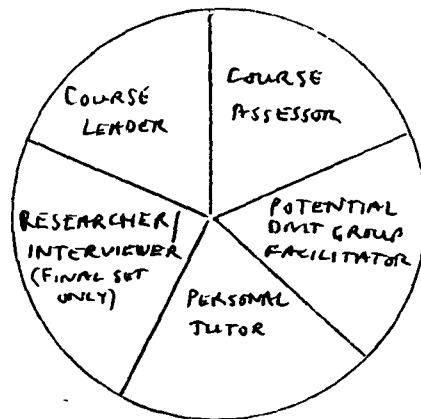
She said she knew that wanting to know about the evaluation was not being a 'good therapist because good therapists don't want to know that'. She seemed to perceive a role conflict in herself here, a result of which she distanced herself because that was 'what good therapists did'. She could also avoid being involved in any of the political issues.

However, since my resignation, and the graduation of the students in the research DMT group, the facilitator said she found it easier to contribute a little to the research. When the group had finished, she said she felt able to give an interview. However, she seemed to have an anxiety

about whether she would have to talk about the group in the interview and at a debriefing to which the research group had invited her at the end of the first year. It was made clear to her the inquiry, however, was solely interested in how she felt the research affected her running of the DMT group and would not refer to content of the DMT group.

To summarise then, issues concerned with the role of primary researcher and the DMT group facilitator revolved around the facilitator's detachment from involvement in the research process itself until the group had been concluded. This was because she felt a pressure stemming from her role as a therapist for the group; her difficulties with seeing me without my course leader's hat on; and her vulnerability connected to her newness and inexperience in the role, the process of a DMT group, and research.

**FIGURE 2: Diagram of Network of Roles**



**c) Problems with Transcriptions:**

There were eight particular issues surrounding the transcription process. Some were concerned with technical and mechanical problems, one was concerned with the first language of transcriber, interviewer and interviewee. Others though were specifically to do with non-availability of transcribers together with the fact that the interviewer was not the transcriber for all but the final, follow-up set of interviews (for which I was both interviewer and transcriber for one interview).

One particularly important issue was concerned with the decision to try to make the co-researchers anonymous. The decisions I took to reduce role conflict were related to the transcription of the interviews.

Another time it might be wiser not to negotiate anonymity and undertake a complex coding procedure, because it was not possible to identify who said what when we actually needed to do this. Another solution might have been for me, or the co-researchers to make cross-checks of the tapes to transcriptions each time to ensure language was clear. This lack of identity was a particularly important omission since one co-researcher who later read her transcriptions felt there were errors in the wording resulting in a transformed meaning. This was an emotive response, the meaning for her had been annihilated. However, in the cognitive sense there was still valid meaning. It was recognised that this felt like a loss, whereby people feared not having been heard, being misunderstood and so on, particularly because of the lack of punctuation and errors in the words they felt they had spoken.

One strategy would have been to propose the research group purchase 50 tapes in order

that each recording be saved and cross-checked with the transcription after the end of the DMT group. In addition punctuation could have been added prior to participants reading their transcriptions, to help sense-making.

If more tapes had been purchased there would have had to be trust on the part of the research group that, in my role as course leader, I would not have abused the knowledge, using it, for example, as information for assessment purposes. The trusting relationship would take time to build resulting in the DMT group needing to begin later which was not part of the course design.

A second problem was that both the interviewer and one of the three transcribers employed over time did not have English as their mother tongue. In addition two students spoke English as a second language. This made for problems in interpreting words and phrases when muffled, whereas someone transcribing with English as their first language could make a pretty good guess at the words for the English speaking students due to a detailed knowledge of the colloquialisms and so on. It did seem to make it doubly hard for the transcriber (whether English speaking or not) when a student or the interviewer spoke with an accent.

Soft-ware difficulties like losing a transcription on the word processor, or mechanical problems such as the tape-recorder not recording also interrupted the smooth running of the project. At times it became inconceivable that such incidents could so powerfully affect the research. It affected the administration of the research and it affected me emotionally. Sometimes an interview did not get recorded at all due to technical faults with equipment or because interviewees were unable to attend. A few of these interviews were re-arranged.

It did seem to make a difference that the transcribers had no knowledge of the subject area. Mistakes in the specific terminology were common. On reading transcriptions, I frequently made guesses at the words, inserting the technical term where appropriate, for clearer sense-making. In addition the fact that the interviewer was not a movement specialist resulted in a loss of data on non-verbal communication.

It was significant that the interviewer and the transcriber were not the same person. The final interview, which I undertook myself, illustrated the difference in the total quality of the transcription. The interviewer's memory of the interview (in this case myself) were clues to any muffles on the recording. One co-researcher who read her transcriptions through for comparison



said there was a vast amount of difference between them in this respect.

Another aspect was the quality of the recordings. The transcriptions were difficult to follow and I strongly suspect phrases were omitted or words replaced with different words, possibly changing the sense of the whole transcription. During the third year of the research process the research group decided that one of the co-researchers should have access to her transcriptions (Simons 1991). It was as a result of this idea for a co-researcher to read her transcriptions that the problem of the transcriptions' possible inaccuracies emerged. On reading them she said 'Oh, I didn't say that at my interview, I don't use those kind of words. I'm sure you must have missed the theme of what I was saying by reading that. ' An important cross check would have been for her to listen and transcribe the tapes herself. However, by this stage the tapes had been erased due to the need to re-use the tapes. She did analyse her own transcriptions for themes which were then commented on in relation to those I had arrived at.

To research this problem further we decided another co-researcher should respond to two of her transcriptions, one done by the transcriber and one by myself (see appendix). She was amazed at the difference in quality of transcription. The former was very limited in its reflection of her memory of the interview; the latter she felt more accurately portrayed her interview. As previously pointed out I was the interviewer for the latter transcription so had a memory of what was said as well as the tape recording to enhance the reflection.

This quotation from a letter (8/6/92) received from one co-researcher illustrates the point well:

'..I felt it was very clear [the transcription I had made]..I heard myself in the paragraphs, it was pleasingly accurate to my memory. I was quite moved by some of what I said. I found it very self-validating to read what I'd said, a way of consolidating my experience. I appreciate how sensitively you interviewed me and also how clear and astute you are in your technique. There is nothing I want to take issue with,..I was perfectly happy and satisfied with the transcript. In contrast to the second one which is totally incongruous. I really couldn't make sense of it, quite disturbing really...something somewhere has obviously gone wrong. I think I spoke clearly enough and comprehensively but this transcript does not make much sense. I became very confused when reading it..I couldn't recognise events, some I could, others just seemed to get totally lost in nonsensical sentences. It was very disappointing. I feel it has been a lot of hard work gone to waste...I don't really feel happy about it being used as it lacks so much in terms of content and accuracy. I think the tape-recorder must have been

far from adequate...I also feel you must be fairly disappointed too....there's such an obvious contrast between the two it must have been very frustrating receiving such poor transcriptions...'

Another aspect of the transcribing of interviews concerned the difficulty of employing one continuous person to transcribe the interviews for a variety of reasons. Three different people were engaged over the three year period. The final one, who did not have English as her mother tongue remained for two years. This together with the interviewer almost leaving to have a baby on one occasion was frustrating, and almost led to a loss of meaning for the research.

It is significant that although information about non-verbal communication was requested from the interviewer it was not forthcoming, although sounds such as coughs, laughter, sighs and crying as well as periods of silence were transcribed. My experience in the use of non-verbal communication would have led me, as interviewer, to note this as a matter of course. Also on occasions I felt the interviewer did not probe sufficiently or pick up on issues which I would have thought significant. However, at other times, on reading a transcript, I thought she had picked up on something I probably would have ignored; in these cases she had in fact gleaned some interesting responses. My investment therefore would have steered me in certain directions only, whereas she could be more flexible, less focused in her approach perhaps. This is concerned with role conflict in relation to the interviewing procedures but only emerged as a difficulty with the transcriptions so is included here. Perhaps videotape could have solved this problem but would have created other more significant ones such as the issues of confidentiality, and difficulties with anonymity and transcriptions techniques.

I transcribed one interview myself. It was easier for me than for the employed transcriber since I could remember most of what had been said. Any muffles could more easily be accurately guessed because of my greater understanding of the context and memory/notes of any non-verbal communication. As previously mentioned when the co-researcher read this transcription in comparison to her impression of a previous one she felt it more accurately reflected her speech.

As a result of some of the above difficulties participants raised, in the penultimate de-briefing, the possibility that transcriptions did not always reflect what people felt they recalled having said was problematic. We began to wonder whether the themes which had been drawn out were actually the 'real' ones? Had people been misperceived? Had I failed to discover their

perception of 'truth'? This idea that the sense had become altered in that the interviewee had said one thing and the transcription another led to further thoughts about discrepancy and the resulting limitation on the research validity. Reading the transcriptions both the co-researchers and myself found inaccuracies or gaps. The transcriber had indicated the places where the tape had not worked or noise had drowned the words. It frequently took several readings to get the gist of the speaker's meaning, and if I did not get it I left it at that.

Below is a quotation from another letter received from a co-researcher who decided to read a transcription from the same set of interviews, i.e. the ones I had conducted (interview seven) but which were transcribed in the usual way. Her initial response shows the problems experienced with the data collection in this instance:

'This was a tiring and frustrating exercise. I read greedily what I had had to say really quite recently. But it was very hard to follow and I soon wanted to give up!... Sometimes an idea was distorted in an amusing and productive way, thus when I am reported as saying of the current DMT group I run: "I am not doing anything terribly expensive.." there is a certain truth to that (but it's not what I said). There were obvious wrong words, like "Oh DEAM me.." but others confused me, altering meanings from what I believe I intended. Sometimes there was a main theme then an abrupt end...I couldn't fathom where it had gone. Some ideas came through, for example, how important "moving together" in the DMT group, had been, then the loss of that...'

She goes on to explain that it seemed at times it was as if someone had created some peculiar new words which were interesting, if 'slightly fantastic'. At times she said she could follow an idea partly with the aid of her memory. Then she felt re-connected with the subject matter and stimulated by that. She was astounded at how difficult it was to report speech through a machine. Without sensing, particularly seeing, the non-verbal signals, reported speech seems quite nonsensical when she'd like to think she was a 'rational being'.

One co-researcher completed the circle and chose to go through all her seven transcriptions with a fine tooth comb. The fact that she did this says something about her commitment and level of involvement. This is an extract from her response (10/3/92):

'...I have gone through them correcting them as much as I could...I have tried to give shape to the very long passages and phrases by punctuating where I feel my own speech patterns fall. I have also filled in words that I think, or remember, that I would have said rather than what the transcriber has written. I have also added some parts to clarify meaning as I do remember the general themes that I was

describing at interviews. I will be interested to know if my corrections greatly change what you had understood from these interviews.'

In the discussion around the importance of this phenomenon in terms of collaboration it was felt that without the collaboration this problem might never have been addressed. In retrospect it was proposed that in any future research of this nature interviewees might need to check their own transcript and make any corrections before analysis, and also, that they cross-check it with the tape-recording. The coding system whereby a letter was given by the interviewer to identify each respondent on the tape was confidential to the interviewer only to ensure anonymity from the researcher. This means that this proposal would not have been possible for this research, since I would have had to know the names of participants to distribute transcripts. Alternatively the transcriber could have had access to the code and addresses to post transcripts on, after which participants could have forwarded them to me. However, at the time participants did not wish the transcriber to have these details about them. Post marks would also have identified people to me breaking anonymity which was felt to be crucial in the first two years of the research, particularly in enabling their participation and open responses. In addition, for this procedure to work with the recording cross-checking, a tape recorder for each participant would be required. Our research funds would not stretch to such an outlay, the one we did have was on loan. Furthermore the idea was to select general themes of commonality and significantly different or opposing themes, so it may not have been so vital that every single word was accurately reflected in the transcript; although of course in changing one word or punctuating wrongly the sense can be altered. The co-researchers' perceived inaccuracy of transcripts, that they contained words they did not normally use and so on, may not necessarily mean however that there were inaccuracies. As communicators we often feel we have said something to another to find something very different is heard both in speech and the written word. In summary the transcription problems fell into the following ten categories:

- i) the problem with anonymity;
- ii) the interviewer, some interviewees and one of the transcribers' mother tongues were not English;
- iii) soft-ware and mechanical difficulties ;
- iv) the transcribers did not have any knowledge of the subject;
- v) the interviewer and the transcriber were not the same person;
- vi) the recordings were sometimes of poor quality due to background noise or mechanical

- failure;
- vii) several different transcribers were used throughout the research;
- viii) the loss of non-verbal communication data;
- ix) the researcher's transcription experience;
- x) participants' perceived inaccuracy of transcriptions.

**e) The Value of the DMT Group:**

Participants said that by working through issues for themselves such as loss, anger, envy and so on in the DMT group in the context of the training it prepared them for practice. They commented that it might have been possible to work through these in personal therapy but this would not have been in a group nor would it have used DMT. Upon graduation they said they now knew the power of DMT from an inside-out experience.

Participants also mentioned shortcomings in the facilitation of the DMT group. These centred on their practice with different client populations. One participant highlighted that the model the facilitator used was inappropriate for clients such as the severely learning disabled. Three further comments suggested that the emphasis on individual work as opposed to working in a group and/or with group themes was limiting. One participant had understood from supervision that a model based on group analytic lines enabled people to become aware of the significance of the individual's material for the whole group development. This shortcoming may have been connected to the fact that the facilitator was trained in individual psychotherapy not group and was supervised by an art therapist who seemed to work from a model of the individual in the group rather than the group through which the individual works. This is more usual in art therapy since painting is not a naturally social group activity like dance. It was not possible to employ the ideal facilitator since very few dance movement therapists are also trained in group analysis or group approaches to psychotherapy. The group was perceived by some participants to be run for individuals and the shortcoming lay according to one member, in her needing to understand, now she was practising with groups, what part each individual in her groups' held in the overall group material and to be able to interpret from this the dynamics of the group and its development.

## **THE PARTICIPANTS' REFLECTIONS**

This section focuses on the extent to which participants felt engaged with the research process. The data from this section is drawn from in-depth interviews they had with each other.

I provided the structure and the question which was concerned with their ideas on what they felt were the key issues. The following were the main issues to emerge.

**a) The Change of Interviewer:**

One of the subjects raised at the end was the change of interviewer, from an outsider to me. This had been a consensus decision after the outsider had left to have a baby. Once it was decided to change to me conducting the interview in the final set, most participants, in retrospect, recognised a change in their response. The research group decided to retain the same transcriber for those interviews as a way of checking possible misrepresentation of themes. It was decided there was no need to erase the final tapes since I had conducted the interviews (erasure was a means to ensure confidentiality in terms of my possibly playing a tape and recognising voices). In this way a cross-check was undertaken, listening to the tapes and reading the transcript simultaneously. There were some errors but not enough to change the sense very much.

Comments about this final interview with me were concerned in the main with the feeling that it was a very different kind of interview, more strenuous and more or less therapeutic compared with previous ones and that it had a strong relation to practice. With reference to former interviews participants said that the fact that the interviewer was an outsider made it easier to open up into a cathartic or therapeutic session, which incidently was not the aim. In the interview with me some felt more aware of the boundaries although others felt the opposite.

Several of the participants reported that this interview was more pertinent in some ways, in that, for example, there was a focus on their DMT practice this time. It did indeed aim to stress the relationship of their experience in the DMT group to their current practice since it took place after graduation when they were now in practice as dance movement therapists.

**b) The Research and the DMT Group - The Relationship:**

A crucial factor emerging from the research project was its relationship to the DMT group process itself. Collaboration was encouraged by the phenomena of the inter-relationship of the research and the DMT group processes. Through this aspects from the research fed participant's experience of the DMT group, particularly in the area of self-reflection. The point was made by the participants that the interviews had an effect on how people engaged in the following DMT group session. Participants felt they had taken some of their interview content back to the group, and that one influenced the other. A suggestion was made concerning the structure of the DMT

group; perhaps it could have incorporated a slot at the beginning of the following session which addressed what had come up for people at the interview. This of course would have made the DMT group a different experience for the participants from the experience they would have had without the research interviews (which it already was to some extent). It would have meant the involvement of the facilitator and a request that she structure the group around the responses to the interview in the DMT group processing phase. Although this group did get a different DMT group experience from any other student group, because the research was focused on the DMT group, to have overtly included a slot in the group might have distracted them from the real content of the group. In any event the facilitator was unwilling to connect with the research as already discussed and this idea would have required discussion with her. I could of course have imposed this idea on the facilitator in my role as course leader but that would have been putting the research before the facilitator's needs to run the group in her way. The group felt it could however have been introduced by themselves in the DMT group. There was a general comment on the lack of reflection time at the beginning of each DMT session where participants could feedback any understanding they had come to during the intervening week.

The concept of splitting is a well-known psychotherapeutic idea, whereby one part of the material being uncontained within the therapeutic alliance is acted out or dealt with by another means. It had been predicted that this would happen to some extent anyway on the course, but the facilitator feared it might have been accentuated by the research interviews (see facilitator interview transcription in appendix). A slot for feedback after interviews in the DMT group might have safe-guarded this. When asked about this in relation to the notion of splitting participants said that they saw it not as splitting but as the DMT group and the interviews feeding one another. This is interesting because after a year of these interviews participants had suggested that something similar to these interviews on the DMT group be designed into the next course programme since they had found them such a valuable learning media. Another comment in the data illustrated the need for more processing time. For example, the time set aside for processing at the end of the DMT group each week was felt to be too quick because the participant was so engaged with the experiencing part of the session. She was unable to verbalise her current, emerging issues at the time because she was still so 'stirred up'. The time interval between interviews however made it possible for the participant to become more aware of issues,

verbalising them clearly. It was a group decision early on to ensure that the interviews took place before the penultimate DMT session each term in order that any appropriate material could be taken back to the DMT group where it belonged. This was usually possible. Participants did believe the interviewer suggested when it was appropriate to take material back to the DMT group; and they felt they had normally taken things back.

There were several comments on the role of the personal journal (see Methodology chapter).

' I found I would go away from a DMT session, get in touch with quite a lot of stuff and put it in my journal and that would be that often.... it would have been resolved there in the journal writing.'

Then the material would be re-introduced in the research through the analysis of the journals. The point here is that it was not actually going back into the DMT group. A suggestion was therefore made that the DMT group needed a slot for reflections from participants' journals (not all were keeping them, there were definitely two from the anticipated case portrayals). Although the journals were not strictly part of the function of the DMT group, they were suggested and seen as a valuable tool for reflection on the DMT group for the individual. It was felt, in retrospect, that they could be introduced into the course design where all students could be encouraged, on a voluntary basis, to keep a personal journal of their experience in the DMT group. They felt that in using the journal they could more easily make comparisons of personal development issues, both new and recurrent ones. Easier in terms of self-evaluation, such as between the beginning, halfway and ending stages. As an aid to recalling the personal content at various stages, movement material, others' responses or development of growth it was also found to be an effective tool. On the other hand to mandatorily have had to share material from journals as reflections in the DMT group may have been difficult, these participants felt, since they represented such personal connections, or a specific integration. They also said that it was not so different from working through something individually in the group itself. This would normally not have been overtly shared with the group.

As a result of these discussions participants pointed out a fear of becoming overly rigid in the design of procedures for the DMT group. There may have been rebellion from participants if the structure had been too fixed as opposed to the organic development which was allowed to



take place within the design of a liberating structure. It was also thought to be important to realise the need for facilitators to be able to lead a DMT group in their own style.

The final two de-briefings focused on a review of the DMT group structure, procedure and facilitation style. This was a natural consequence as the group had finished and, being more distant from it by then, participants could become more evaluative in their attitude. These sessions and the final interview sparked off the feeling of loss again which they said was difficult to verbalise.

c) Were we Co-researchers?

This question was discussed at some length by participants. They did not want the same responsibility as the initiating researcher, and the term 'co-researcher,' it was suggested at first, meant that it would have to be the same. A comment about the term co-researcher indicated that some participants defined it as being about equality.

'.... the term suggests an equal role in the research....I don't feel I am taking on an equal role, not that I feel I'm not being treated equally in a sense, but I'm not taking responsibility on quite an equal level. I'm happy with this though and I do see myself as contributing and partaking in,... and being involved.. but not quite so much as on a co-researcher level.'

Three said that at first they were the subjects of the research, but that over time this changed to becoming more 'a part with' the research, a 'co-member' of the research group or 'putting themselves into' the research.

Another person felt her role was as a co-researcher but it was confined to the giving of information and was only when we were in the large group de-briefings that she truly felt a co-researcher - this did not change over time. Perhaps it could have been extended to the interviews if it had been decided that each would interview another on their DMT group experience. After discussion, though it was felt to be unsafe and would have infringed the confidentiality arrangements which all wished to adhere to at that time. So, in the context of this research 'co-researcher' was defined as a role engaged in at group de-briefings rather than arising out of the individual, private interviews. In comparison with other research some participants had been involved with, this project was appreciated for its emphasis on people, and its need to be aware of the process they were engaged in by being so involved.

' D said, in her interview with me, that because she's been influenced by other

experiences in research that she's been involved in, different projects... that she's appreciated the awareness of the people in this research...that they have had an awareness of the process and have a voice within that and that actually made her feel like a co-researcher 'cos she had a voice in the process.' (Quotation from group de-briefing 14/12/91)

The idea of having a voice in the project came through strongly and for some this enabled them to feel truly co-researchers. The fact of having involvement in decisions also made one co-researcher feel more secure about sharing, for example, her journal, with the researcher. She commented that from the start she felt she had a voice in the research, with a resulting security which did not change over the period of the research.

Other terms were used by participants to conceptualise their role in the research, such as 'co-working subject' and 'co-member of the research team'. Both these seem to emphasise the 'co-ness' of their experience.

It was interesting to note that, in terms of her becoming engaged in the research one person thought she might not have done so had she known just how much involvement it would require. On the other hand she was aware how much she had got out of the experience.

'...At the beginning of the course there was so much information coming in and that because you were the course leader everybody said 'yes' to getting involved with the research, we didn't think twice about it, not realising, not really thinking... oh.. what it really involved.'

This comment illustrates that a full commitment was not really possible at the early stages of the research so it was not informed consent as such. However, this feeling seemed to change a great deal later. It also illustrates the powerful position I was in as course leader in that this person, at least, became involved because it was I who invited that involvement.

#### **d) The tension of my roles:**

This perception is focused on participants' feelings about role conflicts in which I found myself. This aspect did not enhance the collaborative process in the early stages, implying that status differences between members of the research group needs to be addressed when embarking on collaboration. One comment linked the trainer/student roles to their feeling of being a subject/object of the research. It was felt by one participant that my roles as course leader and so on never really went away. It was this that stopped her feeling she could have a direct

influence on the research, not that she wanted to because she was more interested in it staying 'my' research. Another participant discussed conflict and confusion about my role. Having her contribution had seemed very important to me, as researcher, and this, she felt, led to my dependence on her for my work. Others said while I was at the institution I was their course leader/supervisor/workshop leader or tutor and this felt very confusing because participants were aware of a counter-dependency, that is they felt dependent on me for their assessment. They also said they saw me as student doing the research for a doctorate, the role of student was not dissimilar to theirs! In this way a co-dependent relationship emerged.

In addition, the history of our previous roles as course leader and student needed to be acknowledged after my resignation from the course, the fact that I had been their course tutor and supervisor as well as course leader. One person had an insight in the interview I conducted which was a direct result of her memory of me as a seminar leader. On the other hand future contact affected how collaborators viewed me too. One had met me at a professional conference since leaving and felt this helped her to see me in a different way. Another had been receiving supervision from me since I had left the course which meant we had been in contact in a different context again from the research or the course. She felt it had been a long time since she'd seen me with so many hats. Once co-researchers had left the course they were also in a different position. I was then seen by them as in a different position in relation to them.

This was a more peer-like relationship and developed particularly during the final de-briefing in spite of our history of different roles. It had implications for the data validity. This different relationship between us may also have been why they felt they could take on board more responsibility for the research as evidenced at this final de-briefing meeting. For example, wishing to comment on any papers I wrote for publication, and to have themselves identified by name on these papers as an acknowledgement of their involvement. This illustrates how the promotion of a participatory relationship can result in a more co-operative partnership in research.

Participants taking part in the research said that it had felt more comfortable in the final year than in the first two years because of this shift in our roles and relationship. Yet in the background even then, for some, there still existed the student/trainer dynamic. As this co-researcher illustrates in the following quotation:

'...so interviewing....you were saying.....your ..err...role in the research is a way of

giving back to Helen, if it had been someone else's research who had not trained you it might not be like that...' (Interviewer's feedback from interviewee during a session on interviewing each other at a de-briefing, 14/12/91).

However, a participant who documented her participation felt the student/trainer roles did not affect her in the writing, and submission to me, of her journal. Neither did she feel these roles affected her in responses given in interview. She did emphasise however, that it still felt important to her to have had an outside interviewer at the beginning. Another view was that my role as course leader inhibited my role as researcher in that I could not be part of the DMT group as a participant. Consequently my impression of the group, not being a member, and not actually interviewing the participants directly, would be different from the participants' impression of the group.

Because of the trainer/student relationship they felt they had an investment in me both whilst I was at the institution and after I had left, in the later stages of the research. This they thought would have affected the objectivity of the research, not affecting them so much as me, the researcher. Had it been me interviewing them throughout, the final report would have been very different they thought. Or if the interviewer had been undertaking the research it would have been equally different because she had been there first-hand. It was crucial, they felt, that I had missed out on the aliveness of the interview situation in terms of body language, particularly since it was a body-based course.

In relation to the issue of my investment one co-researcher mentioned she wanted the research to go smoothly. However, in terms of her response to the thought of me undertaking the interviews she felt it would have had more 'charge' because of what I'd have brought, less distance perhaps.

It was important to them to have decided to continue with an outside interviewer especially in the early stages of the research while I was still at the institution in the course leader's role. They thought they would never have coped with my doing the interviews as well, to the extent that they may have left the research project or never have joined in the first place.

Other thoughts centred on the projected dynamics of the trainer/student relationship merging inappropriately during the interviews, where students would probably have been trying to please me as the trainer. In a letter received from a co-researcher who had read this chapter

the following quotation seemed pertinent:

'Research is an investment in our practice individually and as a professional body. It seems to be about overcoming the fear of what we think research is for, establishing it to inform our practice is one of my learning gains in this process. It requires a certain level of vulnerability, giving access to, and accessing. I feel it's our attitude to research, rather than the research itself that seems to cause the most anxiety.

I found the whole area of authority and collaboration interesting. I think I remain the object of the research, but this is not a passive position as I have enjoyed and sometimes rejected/resisted the option of co-researcher or co-collaborator. Another interesting notion comes to mind at this point, Helen, and that's does authority give rise to responsibility or responsibility give rise to authority? I still very much see you as having the tools for inquiry. An image just came to me..that I have, through my participation, picked up a few screws along the way! I pondered on this image, thinking at first that's not very much then I thought of how without screws in building nothing gets joined together, I'm becoming more curious about how to drive the screw into the wood.'

Another co-researcher's letter also referred to the issue of the role of investment, in attaining responsibility and authority:

'I am fascinated at this issue regarding our process as a group re: the research and also my process. I want to add the word 'investment' meaning motivation for whatever reason. Authority seems to come...at last....after wanting the responsibility and being increasingly invested in the process.'

## SUMMARY

In summary, undertaking collaborative research seems to be a learning process for researcher and collaborators alike. Skills seem to be needed by the researcher, such as facilitation skills, teaching skills, interview skills. Learning about the nature of groups, collaborative inquiry, researching the therapy process in an institution of higher education are all amongst the outcomes for the initiating researcher. In this research project, despite an aspiration for full collaboration from the start, it seemed difficult to achieve at that stage because we were learning how to become collaborative together.

The main problems, with hindsight, of the collaborative mode used here were concerned with the me being both the trainer (with the range of 'hats' in that role) and the initiating researcher at the same time. This affected findings in that full collaboration was not possible

since this would have required an activity of equals, peers with respect to competence and experience. The research process however, enabled an acknowledgement of the power associated with the student/trainer relationship.

Criteria for collaborative inquiry need to include the issue of dependency. Simons (1991) uses the notion of interdependency in terms of the roles and responsibilities in participatory research. She discusses and questions the claim often made in collaborative research that roles are equal and the illuminates the practical implications of this. As a response she offers three possibilities for collaborative research which are summarised below:

- a) it may be genuine in that it focuses on a common task or concern whether the participants or the initiating researcher has identified the issue, leading to joint interpretations and even joint authorship;
- b) participants agree to collaborate on a project which is conceived, designed and led by the researcher ;
- c) somewhere in between the two above, where the researcher has conceived the project but attempts to engage and share as much as possible with the participants. She encourages them to further the research process themselves and offers them opportunities to be part of the research process and share in the results.

While this project did set out to facilitate self-reflection for participants it did not seek to engage them in the task of devising a common issue to be researched, yielding joint interpretations or authorship. Neither did it simply get their agreement on participating in a project entirely conceived, designed, and interpreted by the researcher. The design of the collaboration espoused in this project was more in the vein of Simons' third possibility for participatory research; that of a project which is researcher-conceived but participants are engaged as much as possible in the process, results and in furthering the research process themselves. If the group invited to collaborate sees itself as being dependent on the initiating researcher then it is difficult to be collaborative from the outset. One of the comments at a debriefing explored the fact that they saw me as dependent on them, a student like them yet also needing them to co-operate with the research. This was confusing since in my role as course leader they saw me as more powerful than them with an acknowledged dependency on me for guidance, learning, supervision and so on. This two-way role reversal was difficult yet also served to encourage interdependency.

Collaboration does not have to be a peer relationship or an equal relationship but it is important to be clear about who is responsible for what.

In this project there are differences and similarities, differences of power, expertise, roles, and outcomes people were getting from the research. The differences were stronger in the beginning. Towards the end of the research it felt more interdependent perhaps because they were then qualified and practising DMT. I did feel they were dependent on me to continue the research group after I had left the institution, since they had indicated several times that they felt the need for an on-going professional support group. However, they felt they were giving back to me, reciprocating for my giving them the course, appreciative of the opportunity to participate in it. However, people may be persuaded to agree to co-operate in an experiment if they are paid enough money (money symbolising energy perhaps). What is the difference in collaborative research? In this study it seems the needs of the researcher are being met by the co-researchers as a repayment of some kind. It is more of an active role in the collaborative research model, though, not simply a giving and taking but a solving of problems together, a further co-operative step into the heart of the research itself.

The outcomes co-researchers identified for themselves revolved around: a) their deepening understanding of the process of their DMT group, and, b) how DMT itself works through the extended reflection time which the research project provided over and above that in the course. The facilitator, in her interview, said the research had positively affected the DMT group by giving a lot more time for reflection on the group than the group would normally have.

This chapter has told the story of how the research process changed over time and explored the difficulties of how others could be included or not included. It presented both the researcher's and the co-researcher's perceptions of the process identified practical issues emerging out of attempting collaborative inquiry, and concluded that the notions of interdependence, authority and responsibility are crucial to participation in this form of research.

## **CHAPTER SIX**

### **THE ARTS THERAPIES AND PSYCHOTHERAPY:**

#### **TRAINING IN THE INTERNATIONAL SCENE**

##### **INTRODUCTION**

This chapter is an analysis of an international survey on DMT, the arts therapies and psychotherapy training. There were two purposes for this survey, a) to try and locate the relative significance of DMT to the relevant therapy courses generally available at the time and b) to gain information on the type, structure and orientation, if any, of the personal/process group work on other relevant courses. To this end it documents an analysis of courses in the UK and abroad for DMT and the allied professions of art therapy, dramatherapy, music therapy, expressive arts therapies and group/interpersonal psychotherapy. Other relevant, non-specific courses which were approached because of their nature did not fit into any of these categories so are included under the heading 'others'.

The countries involved in the survey were: The United Kingdom; The United States of America; Uruguay; Canada; Germany; The Netherlands; Japan; Australia; South Africa; Switzerland; Denmark and Israel.

Between June 1988 and June 1989 a questionnaire (see appendix for a copy) was designed and distributed in the UK and internationally. Decisions on which courses to approach were based on my own knowledge of the various arts therapies and psychotherapy courses in the UK and USA together with contacts in these professions informing me of other courses in different countries. The questionnaire's specific aim was to gain information on the type of personal development process orientated group work and its structure and orientation offered to students. The questionnaire was in two parts. The first three questions elicited information on the reasons for inclusion and any evaluation of such a unit as well as the perceived objectives and the value trainers placed upon it. It also requested reasons for not including such a unit. The second section requested information on relevant literature, any other courses which could be approached and whether trainers would be prepared to participate in a follow-up interview. These latter questions referred to information for use in the study as a whole and are not therefore analysed in this chapter.



The courses that were surveyed were both public and private, validated and non-validated, in the National Health Service, in higher education and in the private/community sector. Information was sought on whether they included a group therapy component or not, if so why, whether it was evaluated and current views on the value of such a component as part of a training.

There is a time difference between the distribution and return of these questionnaires (1988-1989) and the eventual analysis (1994). It was a deliberate strategy on my part not to analyse the responses prior to setting up the fieldwork so I was not influenced by these findings in the experimental fieldwork. I did, however, use the information given by respondent concerned with part two such as relevant literature, further training courses to approach and any willingness to participate in follow-up interviews as this was useful to the research process. Follow-up interviews were considered because I was going to be in North America for a conference at the end of 1989, which I predicted some of the DMT trainers would attend. I wrote to ask if they would be there. Due to only three people agreeing and shortage of time only one follow-up, in-depth interview was conducted with a DMT course leader from the USA. This is documented and commented upon at the end of the chapter.

## **RESULTS**

What follows are the results of the analysis of the questionnaire which was distributed to 149 programmes worldwide (74 UK and 75 International) together with a stamped addressed envelope for the UK and a self addressed envelope for abroad. Seventy questionnaires were sent in June 1988, 31 replied (a response rate of 40 per cent). A follow-up of this questionnaire was then sent to some of them and the same questionnaire to a further 43 programmes in January 1989 resulting in a further 20 replies. Based on information gained about further training programmes from these responses a final distribution to 36 more institutions took place in June 1989 with a response from 29.

To summarise, 149 were distributed, 82 responded and 67 failed to respond. This makes a grand total of 53 per cent of response rate to total distribution. This response rate is more than would normally be expected from a survey by questionnaire. The covering letter (see appendix for a copy) accompanying the questionnaire explained the idea behind the research and how the information required from them would be used

which may have facilitated a response.

<b>TABLE 1</b> <b>Comparison of numbers of courses in each category consulted</b>			
Training Categories:	C	R	N.R.
Psychotherapy	66	35	31
Art therapy	14	7	7
Dramatherapy	5	2	3
Music therapy	20	14	6
Dance movement therapy	12	11	1
Expressive arts therapy	12	4	8
Others	20	9	11
<b>TOTAL</b>	<b>149</b>	<b>82</b>	<b>67</b>

**KEY: C = Consulted, R = Responded, N.R. = No Response**

<b>TABLE 2</b> <b>Analysis of subject area in relation to the countries</b>	
Psychotherapy	UK
Art therapy	UK, USA, Canada
Dramatherapy	UK, The Netherlands
Music therapy	UK, USA, Japan, Denmark, Switzerland, The Netherlands, Canada, Germany, Uruguay, South Africa, Australia
Dance movement therapy	UK, USA, The Netherlands, Israel, Germany
Expressive arts therapies <sup>1</sup>	USA, Canada, The Netherlands
Others	UK, USA, Canada, Australia, Israel

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<sup>1</sup>This is a term used in some countries to describe courses which offer a training where all four arts are included, rather than specialising in one art form as is found in the UK.

## **REPORTING AND DISCUSSION OF RESULTS**

For arts therapies 16 courses in the UK responded and 32 at the international level. For psychotherapy 35 responded from the UK. For the associated training courses ('others' category) 5 responded from the UK and 4 from the international stage. It should be noted that only psychotherapy courses in the UK were approached due to the overwhelming number internationally. It was not thought any further information would be gained by surveying outside the UK in this case, of this group 33 responded from psychotherapy courses out of the 41 total responses mentioned.

### **Protocol for the Analysis:**

Each of the institutions which responded was given a number as a reference to ensure anonymity.

Question one asked if there was at present any form of group therapy as a unit within their training. It asked what the reasons for its inclusion were and its general orientation and structure. Question two asked in what way such a unit was evaluated. Question three concerned training which did not currently include such a unit. It asked a) if they had ever included one in the past, and if so what was the rationale for it being discarded; and b) had they ever considered including one and, if so, what were their reasons for its rejection. Question four requested further thoughts on the value of the trainee undergoing a therapy group as part of the course.

The responses have been clustered into the seven categories of 'dance movement therapy', 'psychotherapy', 'art therapy', 'dramatherapy', 'music therapy', 'the arts therapies', and 'others' (which fall slightly outside these areas) and compared and contrasted.

In this section an analysis of the answers reported to the first four questions is presented with discussion and comment where appropriate. The questions are re-ordered to give a clearer picture. (Please see the appendix for an example of the questionnaire and how the specific questions are framed).

### **GROUP THERAPY INCLUSION, STRUCTURE AND ORIENTATION**

A large number (just over half) of respondents, apart from the 'others' category, included a group therapy experience in the training. The reasons for inclusion and structures/orientation offered in the group therapy unit varied.

Below is an overview for each therapy category together with commentary. The

section establishes the reasons for inclusion first with the structure and orientations following. Where a reason or structure/orientation is mentioned more than once the number is indicated in brackets afterwards.

In the psychotherapy category 22 respondents indicated group therapy was part of their courses. Respondents gave several reasons, firstly for personal experience such as for self examination, for developing emotional strength, to produce change in a professional setting, for increasing sensitivity and personal learning and the fact it was thought to be 'basic to adult psychotherapy to experience a group therapy'. Secondly, centring upon the importance of the group (8) as in, for example comments like; 'for group building' or 'to understand and experience group dynamics (3)' and 'for personal growth/group process (3)'. Thirdly, the notion of professional development as in the idea that personal development is integral to professional and the value of experiencing the client role. Finally the group's relationship to the theoretical content of the course was stressed, as a complement to academic work through personal experience, or to enable the trainee to make an informed choice of method. Several respondents spoke of the development of skills, widening the range of therapeutic tools and identifying strengths. It prevents 'de-personalisation' and 'burn-out, a 'place to air difficulties about the course and its members' were other reasons professed.

In summary, the reasons for the inclusion of a group therapy unit in psychotherapy training courses fall into three main areas: (i) professional learning - the training element; (ii) personal learning - the group and the client elements; and (iii) course issues - as a means of containing issues on the course itself. Each one is developed further below.

#### **Professional Learning:**

In the area of professional development experiential understanding of theoretical content, methods or group dynamics were the main reasons given for including a group therapy component. This is not surprising perhaps given that these courses aim to train individuals in a group therapy approach. The trainee would need to grow within such a framework herself to gain an understanding of group process. Also mentioned was the need to experience a particular type of therapy, for example, 'a personal experience of Gestalt therapy' which again is no surprise since this is something the literature stresses. From a trainee therapist's perspective we can also see that the reasons given such as: to

gain emotional strength; to produce change; identify strengths; widen therapeutic skills; tune the instrument; gain experience of the client role; make an informed choice of method; and increase sensitivity are highly desirable to ensure a competent practitioner.

#### **Personal Learning:**

It is clear that most of the reasons above place an emphasis on the inter-relationship between personal growth and professional development for the trainee therapist, for example 'basic to adult psychotherapy'; indeed one comment actually said 'personal development is integral to professional'. However, some responses placed particular emphasis on the personal as in the following: to prevent burnout; to produce change; personal learning; to give the experience of the client role; to prevent de-personalisation; substantial self-examination; and to get in touch with own issues. Notably this focus on the student as someone engaged in a personal learning experience is also highly recognised in these reasons.

#### **Course Issues:**

Balancing the academic work; giving personal experience of the theory; and complementing personal individual therapy were seen as useful as part of the structure of a course. It appeared to be the group experiences which were thought to be necessary to balance other areas of the training. This was also the case where group building was given as a reason; 'the course will need to be cohesive as a group because of its nature as a therapy training with all the personal challenges this presents'. Here group therapy seemed to help the success of the course. Such a course could contain all the inevitable individual emotional issues emerging from such a personally orientated training. Finally, the therapy group was seen as providing an opportunity to work through course related issues and inter-personal conflicts, as illustrated, for example, by the comment that the group therapy unit was 'a place to air difficulties about the course and its members'.

Structures included on-going weekly groups, all-day groups and residential intensive events. Some structures were for one term (10 weeks for three hours), ten weekends, one, two or three years for one and a half hours per week, others were twice weekly for the one year minimum followed by, for example, another small group or a large group for a further year. Some (6) mentioned the small group and two institutions said independent therapists were employed.

Orientations ranged from 'various group approaches' to Rogerian (3), core process

psychotherapy, psychodrama, experiential/humanistic/personal development to analytic group (9) and psychodynamic approaches. One mentioned that Rogerian and analytical were optional. The most popular orientation from the psychotherapy institutions was the analytic group although there was little indication of how often, for what duration and how they were facilitated. What was a little surprising was to see Rogerian (person-centred) mentioned less often since this is a popular form of counselling/therapy. Finally, core process, psychodrama, humanistic groups as well as psychodynamic were noted as approaches to group therapy where these were the training orientation themselves. As will be evidenced later art therapy, dramatherapy and music therapy (to some extent) mirrored the view that the therapy group needed to be modelled on the subject orientation.

Small groups consisting of six or so participants normally and a minimum of one year in group therapy, particularly the first year were noted. On-going groups were reported as were residential groups in intensive weekends or one day events, something the course in this current study did not use. The description of structures also included the employment of outside therapists. This is interesting because the present study also employed an independent therapist to facilitate the DMT group. In addition, one respondent mentioned exactly the same format as that for the current study for the therapy, that is 1.5 hours per week over two years. 'Group therapy' for training purposes was mentioned twice in the orientation section which seems highly appropriate when describing such a component in a training.

Similar to psychotherapy the majority of art therapy courses appeared to include an art therapy group (four out of seven). Reasons given were not dissimilar to those given by other categories of courses. Personal work was acknowledged with reference to trainees coming to terms with, or being aware of, their own issues in groups and appraising work with their own feelings. These, together with the expectation that they will be in the role of 'client,' illustrated there was a contract to work with trainees at a personal level. The only reference to the professional or training element in art therapy was the need to learn about differentiating themselves from their clients. This focus on the personal may point to more of an interest in the trainee undertaking their own therapy in the art therapy group on the course than stressing the training element.

Not much information about the structure/orientation of art therapy groups was

available due to three of the art therapy courses not including such a unit. However, it does seem that the duration is less than those emphasised in the psychotherapy course, for example, only 32 sessions or 8 days per year. One point to note is the 'requirement' for individual or group 'art therapy' or psychotherapy, which psychotherapy respondents did not comment upon.

Both courses in the dramatherapy category included a therapy group. With reference to reasons we again find a similar response to the others. However although emphasis on the personal was given there was also some reference to each of the 'professional' and the 'course needs' as well. For example, the group acting as a model for practice and the notion of the personal and professional being interdependent.

In terms of structure and orientation like art therapy responses very limited information was given. Just one comparison, only one course out of the two respondents termed the group 'dramatherapy'.

In contrast to the other categories music therapy was divided equally on the issue. Seven respondents of the 14 included a music therapy group. Of their reasons for including a group therapy unit only one seems to fit into the professional area, that of an exploration of modalities (such as singing, guided imagery, improvisation, music and Laban movement). The rest stressed either the personal or the personal in relation to group understanding like for psychotherapy. For example, 'for self awareness'; 'for self experience'; 'for personal growth' or 'for an understanding of group dynamics'. It was also mentioned that creativity, particularly in relation to group aspects was valuable, for example 'to recreate originality'. The following quotation aptly catches the feeling from the music therapy world;

'We think students' own therapy is one of the centres of our course and is extremely important to undergo music therapy if you want to work as a music therapist. Experience in other therapies might also be useful but cannot compensate for the deep insight into self experience with your own therapeutic discipline'.

With reference to structure and orientation what was important for music therapy was the reference to the therapy group being a mandatory part of the course and that it was seen as unique that this was so. However we also know art therapy made the art therapy group component a 'requirement'. Another respondent believed a therapeutic group should not be an already formed group but should meet for therapy then disperse.

The idea of written logs came up twice, once optional and once obligatory. Interestingly, two respondents spoke of using movement in the groups and contrary to the above quotation other orientations were very varied such as Jungian; gestalt; transactional analysis; 'here and now' (probably humanistic); music therapy, psychodrama, behaviourism, psychodynamic. This was different from art therapy and psychotherapy which mostly said the group was of their own subject orientation. As for structure, for one course the group only took place in the fourth year, at the end of the training. For another it seemed to shift over three years from a one year group to individual to a group again before inter-therapy, a new concept to me. For another respondent it was weekly over three years and for another over two years.

Similarly half (two out of four) respondents in the expressive arts therapies category also said group therapy was included. Not many reasons were offered for its inclusion. Those there were did fall neatly into either the personal and professional development areas described earlier in the psychotherapy responses. For example, 'for present life changes emerging in the course' and 'to grasp group process'. In terms of structure and orientation out of the two respondents few ideas were mentioned but the notion of a peer support structure was not mentioned in any other category. It involved peer group led sessions evaluated by the leader after three months and regular check-ins with the course director. At the end of nine months the peer group evaluated the leader.

Six of the eleven respondents in the dance movement therapy category replied a DMT group was included. Reasons offered were similar to other categories again appearing to fall into either professional or personal development. In addition there were two new rationales, first, the need to identify counter-transference issues. This goes further than other reasons concerned with the professional role, it specified that by working with one's own issues counter-transference would become more readily available when working with clients. The second identified issues which could 'get in the way' of participants becoming empathic. While this could refer to counter-transference it could also be due to lack of understanding or listening skills and so brought about by specific personal issues. The requirement to experience the role of the client which has been mentioned in other categories was noted as was the opportunity for students to let go irrational of visions of what therapy was like ('catharsis all the way for example!').

In contrast to the other respondents however DMT course leaders seemed to



stress only attendance was assessed within the structure of a two year, weekly group similar to the one designed for this study's DMT course where attendance was also assessed, participants required to be present for 80 per cent of the time, for the group and the course as a whole. The journal was mentioned again but not for assessment as we found in music therapy together with the intensive marathon which was also noted in the psychotherapy and art therapy categories.

Evaluation and assessment will be examined more later but DMT courses like other categories specified in their structure the need for continuing attendance and a strong mandatory feeling about the therapy group. One respondent believed the group should be informal but completed within the duration of the training. Another unique structure noticed in this category was that one group was co-led. It was not stated if the co-leader was the same gender or not but this would be an interesting area for further study. The co-leader was the individual therapist to all trainees in addition.

Finally, it was mentioned that two groups were for six months only, and for one respondent a one year group was seen to be a little too short. However, the respondents clearly perceived them to be therapy groups albeit brief ones.

#### **REASONS FOR THE EXCLUSION OF A GROUP**

A total of 39 out of 82 responded that they did not include group therapy as part of the training. Six of these no longer conducted training. For each category the reasons for excluding a therapy group are reported, analysed and compared in discussion.

Only thirteen out of 35 psychotherapy training institutions replied that they did not include group therapy for a variety of reasons. Out of these, one respondent gave no reason apart from questioning the therapist being on the evaluation team and another said the course had discontinued. Five said they trained for individual work only so group therapy, they said, would not have been applicable. One respondent saw students as trainees not clients claiming group work was inappropriate. Another said the MA course was too theoretical but there would be such a group on the new Diploma course. Another respondent claimed personal therapy was part of the training but on a one-to-one basis. Yet another spoke of it being inappropriate for the trainees since they were friends/colleagues in a small community and there was no leader available who was not also supervising. A further respondent claimed not to train 'therapists' although some students apparently went on to become accredited as such. Finally, one described the

lack of 'back up' facilities to 'take therapeutic responsibility' as the reason for not offering a therapy group experience to trainees. In discussing the above reasons I make the following comments and compare them where appropriate to the present study.

Respondents declaring the group experience to be unnecessary as they trained people for individual work, gives rise to the notion that trainees would not benefit from such a group focusing on inter-personal issues although one-to-one work was clearly an inter-personal experience. Group work of the type explored in this thesis, it could be argued would be valuable for facilitating learning about how trainees behave in relation to others co-creating further understanding of personal issues in relation to, for example, counter-transference in one-to-one practice. Without further information from respondents and no opportunity for interviewing it was not possible to explore their reasons further.

The respondent who said there was no leader who was not caught up in teaching/supervision work to facilitate such a group went on to say that personal therapy was sufficient. In this case was the institution rationalising their lack of staff resources by maintaining personal therapy outside the course was enough? For a group training to rely on individual personal therapy raises an issue of concern, since trainees who will not necessarily have had a group experience themselves will be facilitating groups. It was acknowledged that funding was limited thus preventing another facilitator who would not be engaged with trainees in another capacity being employed. However, the respondent went on to say that s/he doubted whether a group therapy approach was appropriate because of the contact trainees have with each other as peers in other areas of the course. This is relevant to the present study in which students did comment on the difficulties of meeting together after the DMT group for tea/seminar and so on.

A course leader spoke of the fact that students were seen as trainees not clients. This does not seem to acknowledge the utility of helping the trainee understand the client/therapist role in the training. The respondent who described the lack of backup facilities to take therapeutic responsibility may be alluding to the lack of resources to engage an outside therapist to facilitate such a group.

Furthermore, it was clear that personal therapy although recommended was not mandatory, and to insist trainees participate in a group therapy unit as part of the course would be in conflict with this notion.

The final reason given is confusing. To state they do not train therapists and therefore do not include a group therapy component and then go on to indicate some trainees may become accredited as therapists appears contradictory.

In summary, a very small number who purported to train therapists for group rather than individual work did not offer the group therapy experience as part of the training. This leaves a majority offering such a unit which demonstrates the importance these training courses place on the group therapy process. The arts therapies courses are less clear on the role of group therapy in training as is evident below.

For example, in art therapy three out of seven respondents said there was no group therapy unit in their training. This is quite high but perhaps not unexpected since although they facilitate groups, from the literature one-to-one work is much more common. This finding was in contrast to that of the psychotherapy courses. The reasons given were; 'because of liability issues and a conflict of interests we only offer one year'; 'not delving deeply into personal issues'; and 'we don't want too much information about a student because that gives too much power to the staff who must grade their performance and papers'.

With respect to the first respondent's reason; this appears to be playing it 'safe' in a way. To offer group therapy for a brief period may be fudging the issue. From the other respondents it seems to be thought trainees need a reasonable duration in order for the group process to be experienced. This respondent acknowledged the conflict of interests by only offering it for a short time but does not really offer a solution. The liability issues might be referring to the 'therapeutic responsibility' an earlier comment spoke of. The second reason offered of 'not delving deeply into personal issues' was followed by stating that they set a paper on group dynamics and art therapy covering this aspect of training which avoids any learning from the direct experience of a group. Theoretical understanding however is only one form of knowledge. In therapy it appears the trainee requires a 'deeper knowing' which cannot be achieved from theoretical studies alone.

In the case of the third reason given for exclusion there was an awareness of the staff role conflict because of the assessment issue. It is as though the fact that trainers are also assessors makes group therapy undesirable. And yet there are ways to overcome the difficulties. For example it does not need to be the same staff who grade papers as

those who retain knowledge about a student's personal life. It has been recognised by programmes that one part of training therapists is to ensure a thorough knowledge of the student is gained in order to assess their suitability for becoming a therapist. This understanding of their personal process can be gained through the students' processing of their practice in supervision, reflections of personal experiences in workshops or self understanding documented through the writing of essays etc.

In sharp contrast to the psychotherapy and art therapy training no negative answers were noted in the two responses from dramatherapy. One could postulate from the data that dramatherapy trainers value the group therapy component more than other therapists but further evidence would be needed to justify such claims.

In music therapy half (7) the total number of respondents (14) excluded a group therapy experience in the course. On the face of it this was similar to that of art therapy although very dissimilar to psychotherapy. However, it was apparent two had discontinued the course, and one gave no reason, which ostensibly leaves four. The first reason concerned the role conflict again; 'so much of the group's life is outside of therapy.'

The second rejected the title of therapy '...due to difficulties crossing the line between therapy and education, but it [the group] does deal with personal issues..' In this response it was clear that the difficulties of running a 'personal' group not called a therapy group in an educational setting did not appear to be really resolved.

The third reason given was that the course was too small, having only six members, and that '...one should not mix therapy training and therapeutic experience because staff would be teachers and therapists at once. There should be a group outside training..' Clearly the role conflicts are understood, yet no solution is offered as to how this might be resolved. Some commented that subsequent to training often students enter individual or group therapy, though not necessarily music therapy.

A fourth course, which had a Jungian psychotherapist come in weekly to lead a group, did not see it as group therapy but saw it as an 'informal, confidential group where trainees could speak about their feelings towards the course work and course process.'

Respondents who offered the first three reasons recognised the role conflict in the issues of the group's life outside the therapy, the problems of therapy in an educational

setting and the difficulties of the same staff being teachers and therapists at the same time. The fourth respondent's solution seemed to be to focus on course process alone which led them to refrain from using the term group therapy for this experience.

It appears music therapy course leaders value the group therapy experience more highly than do those from art therapy. One possible explanation is because music as an arts activity is more social, taking place in a group as well as individually, unlike visual art.

From the expressive arts therapies category of four respondents two replied in the negative one of which said there was now no training offered. The other spoke about the importance for trainees to undergo four years of 'studio time for their own creative process', and went on to say that '...group therapy in the course would cause a hinderance to the free exploration of the chosen art from'. Here there seems to be a conflict perceived between an exploration of the creative art process and trainees' personal process. The two are not seen as interdependent. However, the young age-range of trainees on this course may be an influence on this idea.

The 'others' category was concerned with those courses which did not fit into the psychotherapy nor arts therapies training categories. Out of nine respondents in this category none responded that group therapy was appropriate. One gave as a reason that they trained people in one-to-one therapy (similar to the psychotherapy respondents), one said courses had ceased, another four were simply not applicable to the study's focus, and one gave no reason. This left two who articulated other reasons. Firstly, that they:

'provided an experiential 'training' group of one hour to explore feelings and reactions to course staff and fellow trainees and how this affected their emotional development..It is not group therapy because we are teaching the same group and have no funds to employ staff'.

The second course gave as their reason:

'we abandoned it to offer a verbal group therapy course where we are not undertaking to train group therapy skills, the focus is educating about groups not training group therapists'.

Reflecting on the first comment the focus is more specific on the course and member's inter-actions and, as in previous comments in other categories, it demonstrates an awareness of the role conflict of teacher/trainer and therapist in one

person on a course. The lack of funds was given as the reason for not employing an outsider, but it appears the group was not made a priority on the training. Although it was recognised an outsider would enable an experience of group therapy to take place on the course the commitment to the notion was not present perhaps. The second respondent did not aim to train group therapists but to 'educate' students about groups.

Five out of 11 courses in the dance movement therapy category responded that they did not include a DMT group as part of the training. This is in sharp contrast to psychotherapy and dramatherapy responses which was surprising since dance is an art form which normally takes place in a group like drama and has been defined by the ADTA as a form of psychotherapy. Dance movement therapists normally conduct groups in the main rather than individual work, unlike art therapists.

However, of these five one said training had ceased. The other four gave interesting reasons which, since the main focus of this thesis is on DMT, are detailed below. One spoke of it being:

'...unethical to require or provide therapy as part of training..it avoids the necessary separation of one's personal life and the academic. However, we do use class as a learning experience with others on group process and dynamics..the focus is educational not therapy. We are not interested in having people work through their personal issues in class. To observe patterns and responses and work towards changing these is related to clinical work'.

It is clear this respondent does not believe it necessary to work with personal process, deeply, within the training context. There was no recognition of the interdependence of the students' personal and academic/trainee role unlike in the psychotherapy training courses. A second course offered group theory and practice instead to:

'..explore the student's personal style and development as a vehicle for integrating counselling psychology and internship experiences. Students are encouraged to enter personal therapy, verbal or DMT, outside the institution. We used to do a Professional Seminar but staff became too involved in the student's personal issues...lack of clear boundaries and the 'cultural climate' has led us away from doing group therapy with students'.

While their course had something like group therapy it was claimed impossible to continue because of a lack of clear boundaries and 'cultural climate' changes. They did

not say what specifically these were but it was clear the staff found students' personal problems over-involving for them. A further respondent said they offered the experiential group process class and recommended personal, individual or group therapy outside of the training. The experiential learning using group process and personal work was not considered therapy as the aim was the 'education and development of the therapist'.

Lastly, one course respondent provided 2.25 hours per week on 'self experience' instead, where a tutor gave an 'opportunity for personal themes as in a therapy group for neurotic individuals'. They felt it important to acknowledge the 'school situation'. Even when they had an independent therapist offering weekly therapy under more usual conditions the school setting and familiar group of peers (which has more dependencies than normally, they claimed) was found to be 'confusing and inhibiting'. Trainees missed sessions 'since it was semi-independent so now they encouraged personal therapy outside the course instead.'

<b>TABLE 3</b> <b>Comparison of those courses which included or excluded a</b> <b>Therapy Group Experience</b>			
Category	Included	Course Discontinued	Excluded
Physchotherapy	22	1	12
Art Therapy	4	-	3
Dramatherapy	2	-	-
Music Therapy	7	2	5
Expressive Arts Therapy	2	1	1
Dance Movement Therapy	6	1	4
Others	-	1	8
<b>TOTAL</b>	<b>43</b>	<b>6</b>	<b>33</b>

#### **EVALUATION OF GROUP THERAPY**

This question sought to find out if the group therapy unit included in the course was subject to any assessment or evaluation. Most seemed to evaluate it as part of a whole course evaluation, requiring student perceptions of its value. There follows a

/cont..

summary of findings and a brief discussion for each therapy.

The main finding for psychotherapy was that the response 'no evaluation' to this question was not so common as expected. Direct evaluation was undertaken by some courses in the group itself, presumably as part of the therapeutic process, or with or by staff members in meetings, supervision or tutorials. Therapists' and students' evaluations were not always included together, many courses favouring either one or the other. Five courses included staff/self and peer evaluation which was all encompassing. It seemed that evaluation was divided into two sub-divisions; a) the students' experience of the process and assessment of their progress, and, b) the students' perception of the course as a whole, of which the group therapy was only one section, as feedback to course leaders/designers. So for the former there were comments such as 'therapists' evaluations'; 'self/staff/peer evaluations'; 'staff informal meetings'; 'via supervision/tutorials'; 'self appraisal'; and for the latter comments like 'anonymous student evaluations'; 'student questionnaire'; formally/informally at the end of the course' and so on.

The confidential nature of the therapy group makes evaluation a very difficult matter and perhaps the strategies noted above go some way to offering a solution to this. Several courses mentioned the group to be the most or the second in value to clinical experience in end of year evaluations.

Compared to psychotherapy, art therapy carried a mixture of 'no evaluation' of the art therapy group unit together with formal systems of evaluation such as papers and staff judgement, sometimes on specific aspects, such as maturity. However, this was very vague, no procedures were given for how they could measure factors such as objectivity with clients. Presumably this evaluation took place in supervision, so trainees saw a link between the outcomes of the group therapy and practice. This would be a fruitful area for further research, to explore this connection systematically. Again, as with some psychotherapy courses art therapy had some emphasis upon the facilitator's assessment of student progress as well as peers. With respect to the issue of confidentiality one course leader wrote;

'It [evaluation] forms part of the continuous assessment but is not directly evaluated - it would be impossible to offer students confidentiality and encourage them to be open about their feelings if they were to be formally assessed'.



And another respondent said:

**'The group is confidential. Student's realisation that they can contain but have a place to share and comment...part of their general awareness which grows over the year.'**

This perception echoes my own and was the reason why an outside facilitator was engaged to run the present study's DMT group and why she was not required to be involved in commenting upon students' assignments or feeding back about their process to staff.

Similar to psychotherapy most music therapy respondents evaluated the group more indirectly in some way. Two courses mentioned the idea of a journal kept by students and submitted if they wished. One stated that content or participation in the group were not graded however. Only one course offered a self-evaluation, although this could be perceived in the submission of journals/logs. On the other hand the writer would know the log was to be read by the facilitator and might select content accordingly, not giving a true reflection of their inner process. Attendance was only mentioned by respondents twice giving the impression that the group was more of a therapy group for the other five music therapy courses perhaps, where freedom to be absent was given. One respondent claimed submitting a paper gave students an academic task based on their own experience of music therapy. Although it only indirectly relates to the group experience but may produce role conflict if a tutor was the assessor, confidentiality boundaries for the group being breached. If the facilitator assessed another role conflict ensues. It does not seem possible to undertake a therapy group with such restrictions.

In addition these evaluations based on specific skills and processes would certainly colour the student's perception of the group. Authentic patterns may be revealed in the attitude an individual student had to such evaluation as well as the group process.

The procedure involving the taping of sessions could also compromise confidentiality, although the facilitator and student-client discussion might be useful in relating personal to professional issues. The suggestion of a third person entering these discussion might also compromise confidentiality. The idea of the facilitator discussion is similar to the employment of an interviewer in this current study. It is worth noting that in this respect co-researchers/student-clients in the study did speak about how

important the interview experience was for them as part of the whole experience of the DMT group, wanting it included in the design for the next course intake.

Respondents' reasons for non-evaluation were mostly concerned with the fact that the group was of a confidential nature and that a therapy group needed to be as free as possible from judgement.

In the expressive arts therapies courses of those two which included a group therapy component seemed to be more formal and tutor led in their evaluation as opposed to psychotherapy courses. However, students also made a contribution to the evaluation which could contribute to the self reflection skills required for becoming a therapist.

Finally, for DMT this comment neatly captures the trend for dance movement therapy:

'At the end of training students answer questions; 'Have I grown? Where is my present state of being?' in relationship to prior defined image of an ethical therapist. Criteria used to evaluate this include realistic perception of self, presence of a perspective as to how to deal with personal strengths and weaknesses.'

There was clearly an emphasis on self appraisal here. Attendance was also placed quite highly in these courses as an evaluation criterion giving the impression that when included the DMT group was very much part of the whole training where trainees' presence was essential. This was in contrast to music therapy. One respondent commented that a DMT group used to take place, with an outside therapist, but was discontinued because of lack of attendance and the familiarity of the peer group in a 'school' setting. So it did seem to be important to have attendance one of the criteria in evaluation. This begs the question however as to whether a true process can take place since normally a therapy group does not penalise clients for non-attendance although regular attendance is strongly encouraged and, where absence is noted, reflected upon. Absence and presence are clear indicators as to the issues being worked through in therapy and as such a mandatory attendance factor will influence student-client material in the group to some extent.

It was of interest to note the combination of evaluative strategies such as participation and paper submissions. As with music therapy these provided for two areas of student experience to be reflected upon but again the paper would compromise confidentiality if marked by the tutor. As indicated earlier if marked by the facilitator this

would change the therapeutic alliance drastically as the therapist would become an assessor inhibiting certain material and encouraging other material to be brought to the surface, for example punitive mothers/fathers. It appears in DMT as in music therapy the issue of confidentiality has not really been addressed by respondents in the same way as it has in the psychotherapy category.

The notion of providing students with self-reflection questions and encouraging them to set their own goals are both innovative ideas for evaluation. However, it may be that the latter falls into a more behaviouristic approach to therapy.

Similar comments to DMT and music therapy were found in the 'associated courses' ('other' category) concerning evaluation of group therapy. For example a 'subjective' therapist assessment of student progress, feedback to the therapist from students about the group or feedback on specific criteria of student performance by the 'trainer' who was also the 'therapist' were all mentioned. Here too it appears from the evidence that there was a need to be more aware of dual roles and the importance of confidentiality thus avoiding conflict of interests.

#### **THE VALUE OF GROUP THERAPY**

Question three in the questionnaire asked respondents what their current thoughts were on the value of the trainee therapist undergoing their own group therapy as a part of the training course. This was designed to elicit more qualification as to why respondents included or omitted a group therapy component on their course. Not all respondents answered this question.

This extract illustrates the mood of many of the respondents from the psychotherapy category:

'Invaluable, personal growth and understanding is essential in training a psychotherapist.'

As we have seen group therapy was seen to be essential and normally provided on the training. Many courses did not tell students to enter personal therapy (group or individual) as well, outside the training, making it a recommendation only. If students chose not to enter then it is questionable whether they are suitably qualified to practice as group therapists. Since the therapy groups were rarely formally assessed students were seen to need to choose whether to enter therapy so perhaps they should only be accredited once they have experienced this and not licensed to practice until this has

been demonstrated, whether via their training or separate from it.

This quotation was typical for those art therapy training courses which included a therapy group experience;

'It is absolutely essential to include group experience like this. Apart from the experience of therapy in the role of client it helps students to come to terms with their own difficulties about working in groups.'

As with psychotherapy a strong recognition of the essential nature of including group therapy is evident, with only one saying that it needed to be outside the course. This is different from the impression in dramatherapy which was that students also needed to undertake group and/or individual therapy outside the course as well since the group therapy component 'may not resolve neurotic blocks'.

In music therapy one respondent commented on the importance of experiencing the actual art form as the model for the therapy experience.

'It does not seem possible for us to become a music therapist without having had experience of our own group process and our own responses to MT. The delicacy is in the relationship between the learning process and the training which requires an openness to self experience'.

This respondent therapy appears to believe very strongly in the value of group music therapy as part of the training to become a music therapist. This was similar to art therapy and psychotherapy which made cases for their own medium like this. The response that the therapeutic group should not consist of a previously formed peer group but should meet then disperse appears to add weight to the data from DMT respondents that it can be particularly difficult for peers to meet for therapy. Whilst the same students study together, as was discovered in the present research, it can make for inhibitions of expression in the therapy group. Perhaps a course design which allowed for anyone from any year to participate in the group therapy would be more appropriate. This model could be easily integrated into the new modular and credit based system in higher education currently. Students could also choose when to undertake the therapy group allowing for flexibility in personal development; graduation only when this module has been completed.

The idea of a diary or journal has been mentioned by those in music therapy as part of evaluation. The present study also offered students the opportunity to keep a diary and two were willing to submit it as part of the research for me to read. They both found it valuable. The recommendation from the co-researchers was that a journal needs

to be kept by future course participants on their experience of the DMT group.

Two out of the three respondents running training courses in the expressive arts therapies category seemed to believe the therapy group to be valuable. One felt it would hinder the 'free expression of the art form' however in direct contrast to an idea stemming from music therapy concerning the need for trainees to experience their own music therapy.

Finally it appeared that the dance movement therapy respondents were ambivalent on the whole (or like music therapy more equally divided) concerning the value of including group DMT on the course. Neither were they of the general view (as claimed by one respondent in music therapy and those in psychotherapy) that the orientation needed to be the same as the therapy students were in training for.

'We frequently encourage students to pursue their own therapy but do not require it or provide it within the program. Whether a student seeks group or individual, movement or verbal therapy is up to them'.

This was typical of the few responses to this question in the dance movement therapy category, the most relevant to this study. It appears that those DMT courses which do not provide the opportunity for DMT group experience were abiding by ADTA's code of ethics which will not allow a trainer to be a therapist to the same group of students which is understandable. If there were insufficient funds to employ an outside therapist a trainer could run the therapy group for different year groups, although this may not always be possible with a small staff team.

However, it is equally unethical, I suggest, to leave it to chance as to whether a trainee undergoes group DMT if she is to practice DMT. From the analysis of the psychotherapy courses it was found that group therapy was mandatory for the most part if the course aimed to train group therapists, either on the training or as an outpatient during the training. To only recommend the trainee undergoes a DMT group experience, or takes individual therapy, outside the institution does beg the question of how that trainee can ever practice as a group or individual dance movement therapist particularly as in the US DMT is defined as a 'form of psychotherapy'. It is not clear what the respondents might fear in making a DMT group experience mandatory as part of the course or as undertaken outside of the course but prior to graduation or licensing for practice. Perhaps this is the difference between therapy and psychotherapy. Therapy through dance and movement may be assumed not to aim to go as deeply into group

dynamics or personal issues as is expected in group psychotherapy. Certainly research undertaken by Ehrhardt, Hearn and Novak (1989) concludes that vitalization was the most liked healing process (from the eight healing processes postulated by Schmais, 1985). Neither group process nor cohesiveness were mentioned by outpatient clients.

#### **FOLLOW-UP INTERVIEW**

One course leader for a DMT training was interviewed at a conference in the US, following receipt of her questionnaire response (see appendix for copy of interview schedule). Three had been the anticipated number for such interviews (all DMT course leaders) but unfortunately they were all unavailable in the event.

The brief interview is presented in full here with analysis and comments.

'HP: Why include a group therapy (DMT) unit?

Respondent: Because it's not enough to research about what DMT is, we need the real knowledge so can only get this if experience it yourself. Own voluntary responses to issues so then we have a keener sense of how to help our own clients to get to that place, what can happen... In a training situation we can never get to the depths of personal therapy. The students come to the programme after having experienced DMT. No years are stipulated for this because therapy is on a growth scale ..each person's growth is different. Some students have not experienced DMT before and have to wait until after the course...The theory classes have group dynamics because of interruptions..the focus cannot be the same as in a therapy session so we cannot give the same time on an individual basis because the agenda is in school, no agenda in therapy."

HP: Have you ever included such a unit in the past?

Respondent: We had a simulated DMT group, student-led based on a topic of the semester such as theories like Adler, populations - in which students would simulate acting out adolescents for example. We also had a marathon at school for all levels of students, MA and so on for 30 students. It was all day in November for new and old students, the frightened and confident. Three staff and aimed at a personal experience, left open. Also private counselling if issues were getting in the way of studying, both verbal and non verbal therapists.

I do not agree with ADTA ethics. Psychoanalytic training has to have group therapy. Feels as though we could wear two hats, not to let the emotions get in the way of academic assessment, should follow the psychoanalytic view and have therapy concurrently with study. We follow the ethics of ADTA whilst members...'

Three points stand out from the above extract; the first that in a training context it was not believed that group therapy could reach the depths of those reached in personal therapy. Given the brief period in such a context and the fact that it was a peer/collegial group this may be true. However, there is evidence from the literature (for example, Noonan and Spurling 1992) and from the present study to show that the issues raised and worked with, particularly in the second year of such a group, can be very rich and revealing to group members. It may be that further therapy is indeed required after the initial exploration rather than dismissing the notion because it cannot go as deep as would be expected in a group facilitated outside of the training context.

It was also mentioned that the student comes to this programme after having experienced DMT. In which case further exploration could well be deeper than a programme which did not insist upon this, taking the learning further than otherwise might be the case. It is interesting that this was the only time previous therapy was remarked upon. Perhaps this idea needs further exploration in the pre-requisite and selection procedures for training.

Secondly, the acknowledgement that the same time cannot be devoted to individual process is important to note, specifically where the focus is on group dynamics. So the theory class in group dynamics is clearly seen to be illustrated though the experiential DMT group. It is also recognised that the agenda has to be school based rather than 'no agenda' which is seen to be the case in therapy. Here clearly the school-based nature of the DMT group is perceived to colour its agenda. This connects to the three clusters identified from the analysis of the psychotherapy training which identified the course - based issues as becoming part of the content of the group material. In other words the context of the DMT group has a direct bearing on the issues worked with which cannot be as individually focused as in a non-training/school based therapy group.

Finally, the important point referred to about ethics is worth considering because this was an issue this study had to resolve in the first phase of the research. The ethics of the professional association state the trainers cannot wear two hats because of their role in assessment, that is they cannot be in the role of therapist and trainer at the same time. In this study the difficulty was overcome by employing an outside facilitator for the DMT group. This enabled students to experience a training-based therapy group to run

concurrently with studies. As with so many of the other trainers who said they could not run a therapy group because of this role conflict (see analysis of negative responses earlier on page 103) there is no absolute solution posed to the dilemma that students require therapy to become therapists.

## **CONCLUSIONS**

The resulting figure of those institutions not supporting the notion of group therapy when purporting to train group therapists is less than 25 per cent of 82 (the total number responding).

Of the 39 respondents replying they did not include a group therapy unit six respondents said they had no training currently, leaving 33. Some of these respondents offered the alternative that students were encouraged to enter personal therapy outside the course. There was no recommendation it should be 'group' personal therapy (as opposed to individual therapy) or that it ought to be personal therapy orientated within the field of therapy training the student has entered. Neither was it mandatory.

However, out of the 33 six said they trained for individual work only so group therapy was, they claimed, inappropriate. This finding may indicate further research is required on the value of group therapy for those training to work with individuals only and whether it is conducive to train for both group and individual work at the same time. Out of the remaining 27 four said a group therapy unit was not applicable (or decided the idea was not applicable - mostly because they did not aim to train therapists). Three gave no reason leaving only 20 respondents who saw themselves as training therapists who did not see group therapy as valuable for trainees on their courses.

These 20 respondents comprised four from DMT, three from art therapy, one from the expressive arts therapies, four from music therapy, six from psychotherapy and two from the 'others' category. They gave a variety of reasons for not including a therapy group. In summary, when contexts for these negative responses to the idea of a group therapy unit were explored it was clear there were, in fact, significantly fewer choosing not to include such a group in their training than those choosing to include one (see Table 3; page 109).

The majority of respondents confirmed the assumption that formed the basis of this research that the unit of group therapy is a crucial requirement for the training of arts therapists and psychotherapists. The form, structure and orientation differed both within



categories and between categories. Respondents offered different evaluation procedures. Some believed self experience alone was the focus, others course material, others therapist skills. The psychotherapy analysis gave a very clear framework of three aspects to the process, training/professional issues; course issues and personal issues. This seems to be a useful model to reflect upon when designing the rationale for such a unit. Certainly the present study illustrates each of these aspects through the themes it articulates.

Of those psychotherapy institutes which had a group therapy experiential component there seemed to be recognition that participation in the group was insufficient to provide all the personal therapy a student required. Thus for psychotherapy and for dramatherapy it appeared it was equally obligatory that individual or group personal therapy was also undertaken outside the setting. For example, in their brochure the Group Analytic Institute required that candidates participate as bona-fide patients in an out-patients therapy group composed of non-professionals seeking personal therapy. The Tavistock Institute insists trainees pursue individual psychotherapy twice weekly for the duration of the course, at enormous expense to the trainees. However this illustrates the importance placed by such training for group psychotherapy of therapist's self-knowledge. Although such procedures would not be possible under University Academic Board regulations for an academic course, the professional association (ADMT) could state in the criteria for full professional membership, that practitioners need to have had, say, three years personal therapy, preferably DMT and group, particularly if wishing to practice a group approach, and with the same therapist. This could be stipulated, for example, as having to be undertaken both prior to, during and after the training itself. The current criteria for registration for DMT practitioner status only requires two years and that not necessarily in DMT (ADMT 1995).

From the data DMT, art therapy and associated course respondents had the highest proportion not including group therapy on their programmes. However those believing in the group therapy experience considerably outweighed this finding indicating most arts therapies and psychotherapy courses agree in the value of including such a component with cautions around the design of evaluation.

## **SUMMARY**

In summary, this chapter has presented an analysis of data received from the dissemination of a questionnaire to 12 countries. It provided the reader with a breakdown of the response rate by category and Table 1 illustrated a comparison of the numbers of courses in each category with those responding. Table 2 presented an analysis of category to countries. Table 3 compared the number of courses in each subject category which included or excluded a therapy group as part of the training and showed the numbers of courses discontinued. With the support of these outlines of the numerical distribution of data a qualitative analysis of the first three questions in the questionnaire was presented. A follow-up interview was documented and commented upon.

The value for this thesis of the survey was that it provided a positive basis for the research question concerning the role and value of the DMT group as part of the training for dance movement therapy. It confirmed the assumption that to include such a unit was indeed important for trainees, particularly from the music therapy and psychotherapy perspective. The overall issues to emerge were the part the personal and professional issues play in group therapy when part of a training, the need for freedom from evaluation and assessment procedures and the importance of enough staffing to enable a separate facilitator to run the group. It was also evident that the DMT respondents were of the view that a DMT group would not be appropriate from their perspective. The courses in the US differ in their course philosophy from the present study's course in the UK which was more like psychotherapy, dramatherapy and music therapy courses.

## **CHAPTER SEVEN**

### **OPENING THE CIRCLE: THEMES AND PROCESSES IN THE DANCE**

#### **MOVEMENT THERAPY GROUP**

##### **INTRODUCTION**

The themes which emerged over the two year duration of the DMT group have been divided into two chapters in order to fully explore them. In this chapter, and chapter eight, the raw data is analysed. Firstly, with reference to the preliminary questionnaire administered to all participants in the research preceding the commencement of the DMT group, see chapter four. Secondly, to the six sets of semi-structured interviews (42 in total) which took place over two years. Each of the seven students (all women) was interviewed three times per year, then once more in the follow-up third year (see chapter nine). This chapter concentrates on five of the themes arising out of these interviews.

Chapter eight examines themes a further four as well as one co-researcher's own analysis of the raw data from her interviews. This is provided in order to indicate how the student's direct perception of the experience compares with a retrospective report through interview questioning and analysed from data from a group. Chapter nine, which follows this chapter, describes themes from the seventh and final, follow-up interview six months after the end of the DMT group.

##### **PRELIMINARY QUESTIONNAIRE ANALYSIS**

This first, short section concentrates on the analysis of material from a questionnaire that was given to elicit expectations and views of the DMT group prior to trainees undertaking the group itself (see appendix for questionnaire). The questions were based on themes emerging from a pilot questionnaire given to the preceding year's dramatherapy students about to embark on their dramatherapy training group as part of a training course at the same institution. The fact that the questionnaire had been piloted with a group of dramatherapy, not dance movement therapy, students was immaterial as the content of the questions was about expectation of a similar dramatherapy group experience not the content of the course.

The following themes emerged from responses the intake of eight DMT students gave to the questions about the DMT group on the first day of term.

### **Expectations of the nature of the DMT group**

Not surprisingly, perhaps expectations of the DMT group at this stage were uncertain and confused with their general expectations about the course as a whole. One of the aspects that drew people to the course was the need to further their self awareness. Related to this were other expectations such as those concerned with being more connected to their body and movement.

Participants thought that the DMT group would be something specifically for them, personally as well as professionally - for example, for furthering insight within both the personal and social senses; providing an experience to be in the role of client and gain insight into their own clients as a result; providing them with an experience of how a dance movement therapist might facilitate; and giving them greater flexibility and creativity through spontaneity in the body, movement and dance rather than being solely in their heads.

Many of the above reasons seem to relate to their eventual practice and role as a dance movement therapist. For example, by giving them a deeper knowledge of the role of dance and movement in healing or giving them skills and experiences in DMT for the work setting.

### **The activities**

Activities the students thought they would be engaged in clustered into the following eight areas;

- i) practical application and the learning of DMT techniques
- ii) experiential work in different forms of movement and dance
- iii) verbal discussion
- iv) engagement in lecture formats and essay writing groups
- v) experimentation in relation to the work setting
- vi) music making
- vii) performance
- viii) exploration of their own movement material and its relationship to the unconscious

In addition they felt they would enjoy the DMT group because it would be a practical workshop which would involve dance and the opportunity to explore. But the thought of revealing parts of themselves in the DMT group activities was the aspect they indicated they would enjoy least of all. On the whole activities in the DMT group were merged with other course activities such as theoretical studies and the writing of essays. The comments indicate students thought that the DMT group would contain elements which were to be found in other aspects of the course such as DMT workshops, theory lectures, tutorials and seminars and clinical supervision.

#### **The facilitator**

The task of the facilitator was anticipated to be one of:

- i) giving acceptance, encouragement, stimulation and guidance;
- ii) providing positive criticisms in mediation;
- iii) making for clear boundaries;
- iv) offering leadership in learning through experience and their own resources;
- v) giving care and support when necessary;
- vi) making the group a 'group';
- vii) noticing when to develop and when to let it be.

#### **The ideal DMT group in a training context**

The group's notion of what an ideal DMT group would be included the following:

- i) It would contain a wide variety of people of mixed gender and ages, openly prepared to contribute what they are and where an exchange could take place;
- ii) the leader would be trusted;
- iii) there would be freedom for learning through difference;
- iv) it would provide friendliness and enjoyment;
- v) participants would have a good understanding in both verbal and non verbal modes;
- vi) it would offer safety;
- vii) there would be the space to explore physically and verbally;
- vii) they would feel supported, not judged or rigidly interpreted;

To sum up, it would be a giving/taking, mutually supportive environment; stimulating all to learn from each other. Small numbers ('eight feels OK') and mixed gender/ages were thought to be ideal. They wished for it to be a sensitive,

caring, group all working together and accepting of each other. It would give them opportunities to work deeply in a supportive group, putting theories into practice. Finally, several indicated that, ideally, it would be a way of getting to know people in a profound way.

This then was the group's idea of a DMT group, one might even say their fantasy. It leaves out any dark elements. The preference for a mixed gender group illustrates their disappointment at this early stage that the group was all women. However, the impact of this was not addressed in the group at all and at quite a late stage in the research interviews was eventually raised by me through the interview schedule because of its obvious absence.

### **Fears**

The group's greatest fears were concerned with feeling ridiculed and unaccepted by the group; getting too involved without 'proper backup' (a similar comment to a respondent in the survey); or being misunderstood and unable to trust. Failing to share enough, appearing clumsy (in movement terms) and the fear of self disclosure to unknown people were also mentioned. In addition, it was frightening for them to think that they would not be able to deal with difficult feelings about themselves and others. With this comment there is some acknowledgement of less easy phenomena emerging as part of the DMT process; and it was that they seemed to fear most.

**The perceived differences between the DMT group and other course groupwork.**

In the main they anticipated a supportive, yet gently challenging, environment with deep inter-changes, particularly at the pre-verbal level, which they would be enabled to explore in the DMT group.

' Other groups will be more about learning...this will be more give and take...'

It seems they construe learning as less a 'give and take' activity than perhaps a 'taking' one. The DMT group was seen to be less cognitively based than other areas of the course, and more personal.

The physical contact anticipated was perceived to make it a closer group

than the training groups in art therapy or dramatherapy. It was thought that it would be more intensive on an experiential level and have a larger input of dance and movement forms both practically and academically.

#### **The Anticipated value of the DMT group in relation to eventual practice.**

All students perceived that it would give them more confidence to go into aspects from their experience of work-practice which were as yet unresolved, and that it would give a better understanding of special needs together with a deeper understanding of the experience of DMT, providing insight into its processes through direct experience.

'It will equip me with the knowledge and skills to become a practitioner by giving me selfawareness and confidence'.

This could just as easily be an anticipated outcome from the whole course. The experience of having been in the group at face value was expected to help them to facilitate other groups, and would have a major impact they thought on their eventual practice. The practical experience seemed more meaningful in their eyes than the theory:

'Through experiencing something ourselves we change and grow and ...learn about ourselves'.

The above comment clearly indicates a belief at this early stage in the potential value of experiential learning for change and growth and hence the centrality of the group experience as an essential part of the training. This confirmed the researcher's own belief that the DMT group was the 'hub of the wheel' in the whole training course.

#### **SUMMARY**

To summarise, at the beginning of the course participants could be characterised as having quite a good idea about the value of the DMT group, the sharing expected, and the relationships to be experienced. However there were also uncertain, confused and anxious feelings. They were clear that it was something important for them personally in the role of client, and it would give them an experience of DMT facilitation. At this early stage it was unclear to

them exactly what they would do in such a group and it seemed confused with other elements of the course such as the idea that it would include academic, technical, experiential and clinical aspects of the course in a variety of teaching modes.

These preliminary questionnaire responses were then used to construct the first semi-structured interview.

### **SEMI STRUCTURED INTERVIEWS**

All six sets of interviews conducted over the first two years were divided into two sections. The first asked the respondent to give an overview of how the group had been for them during the period; the second comprised questions on the themes arising from analysis of the data from the previous interview. All the interviews were semi-structured throughout the three years. They elicited links between the DMT group experience and the respondent's current work-practice (the DMT groups they facilitated in their place of employment whilst following the course) as well as their eventual practice after graduation.

The themes documented in this chapter and chapter eight, can be deduced in the data and are noted in sequence over time to explore the effects of cumulative experience. Criteria for selection included issues known to be of importance from group therapy or arts therapies literature and my own background in an understanding of group process, DMT and the training process of arts therapists. Themes were clustered, revolving around, for example, an idea repeatedly occurring, an unacknowledged phenomenon or an opposite idea. Although the first analysis structured ideas in order of priority according to the number of times mentioned, the smallest number being two, the number was not significant in itself. Sometimes a theme which had its origin in the literature on concepts or my previous research seemed equally significant to explore further. Where there was more than one theme with the same number of mentions they were grouped together in the same section. The pattern to emerge from the 49 interviews was traced over the three years of fieldwork. Where there were conflicting patterns these are also noted.



The clusters from the analysis of the penultimate interview in the second year (interview five) were arrived at by the process of discovering an issue arising more than twice in the set of four transcriptions. Only four were available of this set due to the absence of co-researchers for the interview. Of these four only two were complete due to a fault on the recorder. Two co-researchers were also absent for set number six (July 1991, after graduation). One had moved to the South West, the other was in Germany due to a family bereavement.

What follows in the following two chapters are the stories of major themes as they emerged over time, how they changed, and what was omitted together with my interpretations as to why these are the foreground in a map of the DMT group experience. The themes documented in this chapter are entitled; 'The live experience: This is my stuff not yours!'; 'Is it safe?'; 'In search of a facilitator'; 'Becoming a client, becoming a practitioner'; and 'Object relations'.

#### **THE LIVE EXPERIENCE: THIS IS MY STUFF NOT YOURS!**

The strongest theme to emerge from the analysis was the use participants made of the direct experience offered by the DMT group. This manifested itself in the notions of, for example, the individual in the group, dependency, the place of personal material, time and space issues for an individual in a group and the role of personal therapy.

From the outset this idea of the DMT group experience being concerned primarily with the importance of the group in exploring the individual raised itself as being crucial to learning.

'.... It's all our own material as opposed to someone teaching, experiential learning..more in relation to me, in the group I can express something of where we are at in relation to each other, um.. a strong bond.'(First interview)

'I increasingly use it for exploring my own inner self, feelings, - my symbolism came out of a physical awareness ..close, we share about us as people.'(First interview)

By contrasting it to another course, the importance of the group for allowing exploration of individual issues is stressed;

**'The dramatherapy course is not so gelled - no group like this one [the part-time dramatherapy course did not begin its training group until the second term] - learning about myself and relations. It made me seek counselling as a result ...my use of the group in future will be that I will have worked through my own processes and will better understand the power of groups...it's a live experience..we've shared a lot in 10 weeks, I will continue to be in a DMT group after training.'** (First interview).

The above comment also speaks of a recurring issue of on-going support needs after the course ends, especially in the final period of the group experience. For some, the group experience was acknowledged as cathartic and very personal, a safety net in which to be themselves and to explore private issues raised by such an involving course.

**'A way of getting rid of things...dance is a release...time for ourselves..looking at private issues, not to do with the course...exposed to other's problems....expected to improvise and be myself..I want to have the experience of a continuous interaction between my own needs and the needs of the group, balancing....[and in the next comment there is a shift towards acknowledging that the DMT group may also be concerned with the group/course dynamics].I feel the facilitator is there to be used for personal issues because the course is very involving - there will be many private issues raised and this is like a safety net...where we let it all hang out..to gain strength and experience.'**(First interview)

**'I use the DMT group to find out more about my own body experience ..and personal issues, for example my relationship with my mother.. I am getting somewhere with one issue - such as where it comes from..'**(Second interview)

**'I want to use the group to look at me ...not so worried about what happens out there or with the others - a bit distant..'**(Third interview)

**'the group relationships mirror my family and the role I have taken on in it..'** (Fourth interview)

**'..there has been a lot more of...kind..or..um..individual stuff and getting together as a group when we have felt we have needed to...'** (Fifth interview)

**'I was able to move without feeling sort of responsibility for**

people..I am able to let go somehow of that...sort of caring for others and allowing them to be..and look after themselves within a shared situation....moving more as a group..' (Sixth interview)

### **The Balance of the Individual with the Group**

The balance between personal and group needs became more important over the years, and was manifested, for example, in the taking of physical space and contributing to verbal feedback phases. During the later stages of the first year a competitive element for personal time in group discussion crept in.

'One and a half hours is a long time but it feels a short time in a way...competition for time is an issue' (Third interview)

The issue of inner development was pervasive throughout and specifically mentioned in each interview as an important part of the experience in the group. Bonding with each other was referred to in aspects such as contact with others, the group in physical contact, working with others or alone and the facilitation process. Learning was claimed by the participants when the links to practice were explored, which happened particularly in the second and third year.

The third term of the first year of the DMT group experience had a slightly different emphasis from which the balance altered to become even more individually focused.

'I take my space, don't cop out, it's the one space in the week where I can do some solid work, for example personal movement blocking: getting 'her' out of my system...'

Some comments seemed to show a desire for more inter-action as a group, whereas others seemed to be content to be engaged only on a personal level.

' there was lots of interactive stuff at the beginning of term because of an intensive workshop week, then it got lost. Not much inter-relationship in the group, disappointing.'

On the other hand feelings of wishing to isolate themselves or isolation with accompanying sadness were evident:

'I feel apart from the group. Difficult to move with them, they have no desire to most of the time. I'm on my own, sad, maybe they

**don't want to dance on their own?'**

**'it's a safe place to distance myself from others.'**

**The above comment may indicate that the requirement for safety shifted in the group, from that of facilitating expression of bonding to facilitating distance.**

**'I was beginning to see the group come together and I did not want that.'**

**'People are working on other issues and you work on own rather than interrupting....I worked with movement on the theme of dying and being reborn, alone.'**

**'I have not worked as near to her as others, ..no point in going near because she wouldn't react in the right sort of way, play, she'd walk off.' (Third interview)**

**Participants seemed to need to be separate from material which may have overwhelmed them; together with mixed feelings concerning separation (distance and isolation) and sadness. This quotation uses the symbolism of a bicycle and its breaks to make the point.**

**'I am learning about my bike and my brakes - how to block things and not know everything, more about being my own person in creating that space between rather than merge.'(Third interview)**

**Other comments at this stage indicated less interest in others in favour of introspection.**

**'I want to use the group to look at me, not so worried about what happens out there or with the others - a bit distant...'**

**'I feel a bit of a withdrawal from the whole course now, fed up with it, glad summer is coming. I feel less close to people now, disappointed.' (Third interview)**

**A number of explanations were offered for this separateness between group members, such as the year coming to an end, a relationship incident between two members, fears of upsetting others, and, for one, seemingly being**

overwhelmed by issues in her private life. These are captured in the quotations below:

'There's more individual work now, perhaps because the year is coming to an end and people are preparing for separation; people have gone off in their own little world of late'. (Third interview)

'Nobody wants the group to work together because of the issue between x and y and so all do their own individual thing.' (Third interview)

'Last week we did do play fighting - exploring resistance and anger, you can join in or not as an individual but it tends to be used at a personal level not on a group level. Perhaps we are still a bit worried about upsetting others'. (Third interview)

'One member's coming and going, everyone feels she has so much going on in her private life, you don't want to impose on her; I don't think she is prepared to work with the group anyway. It's destructive, that tension and that is one of the reasons why we don't work together so much.' (Third interview)

By term four the need to hold back personal material because of fears arising in relationships with each other being explored outside of the DMT group, during the rest of the course, is noticeable, for example:

'If stuff between members comes out in the group it might affect the work we do as colleagues during the rest of the day..I hold back in the group because the real stuff between members could be traumatic.' (Fourth interview)

In term five individual experiences in relation to the group were stressed, as was acknowledgement of the ending the following term. It is as though there was a different relationship to the group at that point from previous individual work. For example:

'It's about being able to use the space and the group at my individual level, aware I've only got one more term left, then out into the big wide world..'(Fifth interview)

In the final term we see this theme concerned more with people and responsibility (interesting considering the development of responsibility in the

research process also).

'I was able to join in... felt like people in the group tried to help her..we were all very supportive or maybe not..it felt good..before everyone was quite separate but now a sense of joining was important..' (Sixth interview)

'Brought up feelings of wanting to be assertive and join in like on the playground..' (Sixth interview)

This next comment indicates a sense of wholeness in the individual in relation to herself and others and a recognition of this development in them too.

'Most people work on their own in movement, but the group gelled more...working through something and coming out of it and feeling more myself... more whole in it and I see it happening in others too so a shared experience..' (Sixth interview)

### **Dependency**

Connected to the above sub-theme is the notion of dependency which emerged in the analysis of the first interview. This contradicts the notion of being separate and distinct from each other. The good things which people wanted from each other such as support and nurturance were contrasted with those that they found difficult to deal with. For example the fear of rejection and notions such as the DMT group affecting course relationships or becoming too much of an emotional 'prop', especially at first.

Participants felt they could depend on each other both through dance and verbally. Some seemed to rely on the group. There now was a sense of nurturing each other, that the group was more important than any one individual. They were concerned with feeling responsible, taking care of others in the group and the group as a whole.

'...we can count on each other for understanding..I hoped this would happen..both through dance and verbally..I'm dependent on the others.'(First interview)

Others though, while they found much of it positive, felt that the DMT group was too much of a 'prop', especially in the way people supported

individuals with problems, even though it was the DMT group itself which enabled them to decide to stay on the course. Maybe it was this feeling which led to the need for some of them to keep a distance at this stage.

Their experience of the group was felt to affect feelings towards each other during the courseday since it was normally time-tabled early in the day.

'..wait and see..feels like how it feels to be a client, I feel I need to be contained..all of the course is important yet the DMT group is very important..it can affect me at times outside of the group'.  
(First interview)

At this early stage in the group process some participants felt unable to give the group the 'last bit' of themselves, indicating a need for reticence.

The dependency issue was an important one as it was part of the struggle the group (and the individual) had with the boundaries between the individual's needs and the group's needs. To be dependent on the group was to acknowledge a fear of rejection, to comply and not be different was the name of this game.

Dependency and group support was linked to another facet, that of group safety which emerged during the whole of the two year experience. Fear of rejection was apparent with one particular case profile. Right through the experience she felt unable to initiate contact or take time in the verbal discussions because of this fear.

### **The Place of Personal Material**

During the second term of the first year the importance of sharing personal material was stressed although some said it did not go deeply enough. How valuable the group experience was to the process of transformation in the students' own lives was clearly acknowledged despite the perceived artificiality of the situation. For example in comments such as 'There is time to go a bit further but it feels artificial;' and 'it helps me in my process - for me, like for my own issues.' Participants said that they would not normally have the time to be so engaged in making sense of their own material.

'...it's taking more time for yourself, myself...to be individual within the rest of the group...individual issues taking precedence, gives me time that I don't otherwise have...time to sort it out ..can

prioritize things and assess what seems important.'(Second interview)

It is clear from this comment that the balance in the personal - group dimension shifted, in this second term, to the personal, which is a major function of the DMT group process.

#### **Time and Anger**

While most participants comment that personal issues were explored as they came up, one specifically referred to there not being enough time for the exploration of anger: 'There is no space to explore the feelings of annoyance and irritation'. This was a recurring theme from the second term in year one to the end, apart from in term five in the second year.

This extract written in term two by one of the case profiles captures the interconnection between time and anger remarkably well;

' Aunt Ethel (a great aunt on my mum's side) died over the weekend. Tried to move, but got stuck - went into a corner and sat. [The facilitator] came over and encouraged me to find some simple repetitive pattern to help me to get unstuck. Used my arms - started as a left hand initiated swing right to collect the right hand and then to drop it. Not very rhythmic, but did help me to get started. The swings changed- emphasis on the collection, the swing and the drop made the moves feel very different. I got angry with the monotony of the movement and the sadness of it - a movement that expressed a lot but got nowhere. The anger was expressed by using movements where my hands simultaneously hit me and then the floor. Too powerful to maintain. After a while I had to go and write the poem Killing Time'. It released a lot of anger, frustration and conflict all at once. I didn't move after writing it but stayed sat in my corner until feedback. Shared the poem - no one really commented, it seemed close to all of us in some way. No comment felt appropriate.'

#### **KILLING TIME**

We are accused of killing time -  
If we are found guilty, are we blameless.  
Time kills us - eventually  
Inevitably. We die.....



Time to work,  
Time to play,  
Time to be born,  
Time to die - to go -  
Leave.

Leave friends, relations, pets.  
Time does this to us - we do not  
Choose to be given time. It is.  
We are expected to fill it.....  
It fills us, and our lives,  
We may be found guilty of killing time -  
But it is immortal -  
We are not.'

### **Time and Space**

Another sub-theme was presented during term three of the first year. This was the use of time and space within the group, specifically how the individual got enough of these elements for themselves as well as enabling others to share in them. The terms 'time' and 'space' were used interchangeably to denote the amount of verbal expression people contribute to the group.

It is interesting to note how the issue of space changed over the three years from one of more sharing to an element of competition when wanting time for oneself, though this wanting time for oneself pervaded virtually the rest of the two year process. The following comments from interview three capture this point well:

'To allow each member of the group to work it comes out of others' space..so in a way it's giving.'

'Y takes up an enormous amount of space..difficult to make her hear others.'

'I stepped in and said I'd like to claim the space if it was OK - to talk about my experience...People could have said "wait a minute - I've not finished" or someone else could have claimed the space.....I did not look at the group, perhaps I had imposed on them a bit, others responded to me but I did not reply - a way of saying "stop now"...I get irritated if people spend precious time responding to others - they are evading facing their own stuff. I

think I am saying to the group 'this is a time for us looking at our own stuff'..''(Third interview)

Evidence of a contrasting reticence to take time for themselves was apparent. Reasons such as the shortness of time, closeness of social time, or that they needed a particularly large amount of time or were not in need of any, were given, together with some criticism of the facilitator in not controlling some 'self determined allocation' of time. Some further examples from interview three;

'I would never interrupt to get space but some do, I think this is very selfish. As a therapist I would take over and say something. If I were the facilitator I would have said something like asking the others if they feel they are finished.'

'I don't give myself completely to the DMT group and in that way it can sometimes feel quite unsatisfying...because I don't feel it is necessarily the place to do that because of us all having to compromise without having a space for each other...sometimes I feel the issues for me would take up too much space - no room for that.'(Third interview)

In the third term it was clear that some members of the group had failed to claim time for themselves and yet were fearful of taking too much time.

'When [a participant] said she wanted to claim a space as we pondered I was very shocked..my immediate reaction was 'hold on' - we rarely demand like that but it supports my feeling that we need to demand of the group.'

'I speak at the end when I find that any time left could be for me but I know I have only two minutes left to speak so it's safe as well but I think isn't there a way I can run over? So then I can't take up too much space in the group...I took some space once in movement and thought if they can't handle it because they want quiet never mind, the movement makes it safer to take risks like taking space.' (Third interview)

By interview four perceptions were concerned with there being more choice to 'be alone if you wanted to.' It was recognised that they had a 'need to nurture ourselves' and that 'people did not take space for themselves in the group'. However, some participants still seemed to feel the lack of time for themselves and were in competition with the group for this time. By the fourth

term however, the group was beginning to find ways of giving individuals time to themselves.

'There is time and space for the emotional and physical... individual therapy [in the DMT group] gives you all, the time for you to yourself, to go deeper, a continuity, learn about your own body;'

'I'm taking my own time... and others are doing the same... time is shared out by mutual consent; '

and :

'Individually we work on a common theme. Sharing time just happens...give and take...sharing.' (Fourth interview)

However, anxiety that by taking too much time in the group participants would be disapproved of did still prevail as shown in the comment:

'There is anxiety over how much time I take up.. I notice others they get fidgety ... how do we deal with talkers as a therapist.....?' (Fourth interview)

Perhaps this comment tells us how the anxiety and competition for time was accentuated by the way the facilitator was seen to draw out individuals to relate to rather than relating to the whole group;

'The facilitator talks to us individually not as a whole group'. (Fourth interview)

By this interview although we find participants still unclear as to whether there could ever be enough time for each of them in the group, responses suggest that they could have time to themselves if they chose:

'we are resolving how to get time and space for ourselves.'

'Sharing time just happens...give and take...sharing.' (Fourth interview)

But was this sharing genuine? It might only have been possible because others were still holding back as this following comment illustrates;

' If we address the group stuff there won't be time for me in the DMT.'(Fourth interview)

The fifth term, and the penultimate period of the DMT group experience (in college) revealed yet again this connecting issue of taking/not taking space. This referred to both verbal time and physical space. This set of interviews continued to tell us of an ambivalence towards taking up space in the group. Both wanting it and not wanting it for a variety of reasons. Wishing to receive, be themselves and not to be demanded of, contrasted with a desire to please the therapist, conform to group norms or use the space because of social pressures. I am going to discuss each of these ideas separately now.

**(i) Wanting to take up more space**

This revolved around the wish to become more of themselves in the session, particularly more assertive in talking in the verbal processing part of the session and feeling the need to become more comfortable generally with talking. This is especially important for a developing therapist whose orientation includes the non verbal mode of communication. There was a feeling that some people took up space which belonged to others (this is my space not yours). Here was a sense that the space was owned by individual participants and not a shared general space, again an emphasis on territory and competitiveness.

There was also a conflicting message at play here about whether the group had been working more together or individually in this fifth term. For example;

'I have been working quite a lot on my own, ..although the kind of feeling of group support has been there we haven't sort of worked with each other perhaps as much as we have done before um... in a kind of physical and sort of special sense um.. there has been a lot more .. kind or..um..individual stuff and getting together as a group when we have felt we have needed to...' (Fifth interview)

This was in direct contrast to the following perception;

'This term for the first time um... people have been actually working together as against everybody being separate. There have been small groups and sometimes even the whole working together... [The facilitator] picked up on that, suggested it from time to time, but it developed, because I remember last term we were all working a lot on our own and if there was something almost happening that needed somebody's help then maybe one of us or two of us would go to the other person and help them or

show them that one more step but we were actually working together. This has started happening again, which I like.' (Fifth interview)

Perhaps this illustrates the ambivalence in the group about making contact with each other as a group. There may also have been an element in the facilitation style which enhanced individual work rather than group cohesion (see appendix for facilitator's biography). In the context of their subsequent practice perhaps this illustrates the participant's management of the facilitator's task in whether to take up space in the group, or step back for the group to fill the space, that is, how the student gets a feeling for the role and actions of the therapist. The following extract might be evidence for this;

' ..there is this feeling that sometimes we don't know quite when somebody is working on their own and they look upset. Do they want somebody there to help them? Would they have the confidence to say 'go away I don't want your help', or would they just let you impose your presence? I mean there is a constant trying to tune in and not knowing what is the right thing to do and I draw parallels to my work and that as well there is constantly trying to feel where are clients, how much do I need to step in, how much can I step back? um... and it is the same in the DMT group, it parallels what I am learning in my work, how I am experiencing myself in the DMT group, there is constant feedback which I find very useful because I can learn what it must be like for my clients sometimes. If you believe experiential learning to be the most effective one, and deepest one, and that is what we are doing in our group. ' (Fifth interview)

The DMT space was mentioned as being more noticeable in the fifth term, perhaps because of the context of being out of college on placement for the most part of the day '.. a space where I am in a receiving space'. Here perhaps it was experienced as functioning more noticeably as a place where active giving, (apart from to themselves as in: '..but the giving was part of, for that I suppose, and actually I was not giving to [the facilitator] I was giving to myself.') was not expected from the students, unlike that of the placement, supervision or tutorials that took place the rest of the day.

' I have been able to take up more physical space this term, people moving out

of my way, others' issues have not taken up so much space. This has felt supportive..., that I've been able to take that physical space, I fill it assertively, I know where I'm going from A to B and get there.'(Fifth interview)

The above quotation, from one of the case profile transcriptions, had a direct link to the participant taking more space for herself in her relationship to her mother. It was an issue she had been working all through the term: her mum's lack of interest, approval and support for her in her current relationship with a partner. A decision had to be made here to do with either conforming to her mother's wishes for her to find a different kind of man or continue with the relationship she had which felt right for her. She decided to stay in the relationship, which symbolised, she felt, an enormous breakaway from her mother. She felt supported in the DMT group with this issue. This ability to take up more physical space might have pre-empted her being able to take some time verbally in the group.

'I want to be able to take up as much time as I need and not be feeling guilty about it. Not necessarily more time, just be able to to take the time that I don't have...I think to be able to talk about it in the group will probably help.'(Fifth interview)

#### **(ii) Not wanting to take up much space**

In contrast to the me/mine emphasis there was a distinct pull in the fifth term towards you/yours. This was manifested through issues such as giving others the space since they were seen to be more important, or wanting to just be left alone to be, to collapse and be exhausted, inactive and not moving, not filling the space.

'I just wanted to collapse, so nothing more was going to be demanded of me...and gave myself permission to do that.. almost went to sleep, became alienated from session,.... found it difficult to sit up and be attentive..... I was really needy of just being able to be still. There is a powerful effect on the group when someone doesn't move..'(Fifth interview)

No evidence of balance between people's need for time and space was seen at this time. This was possibly because the group could not reach this level

of development in the length of this DMT group experience (only two years).

In one case profile there was an interesting issue about feelings resulting from taking up too much time, particularly in the verbal phase and early on in the course. These feelings were still evident much later as the following comment indicates, which stressed the participant did not feel she could take much space (time).

'I don't want to interrupt someone else's space..I always give others space and don't take a lot for myself, verbally.'(Fifth interview)

The idea of participants experiencing a general, shared space, which could be used or not, was apparent in the extracts below. The issues seemed to be concerned with the use of space as a form of conforming. Reasons included social pressures, a need to conform, or a need to please the therapist by following her directions. This latter need was directly linked with the issue of girls and compliance which is interesting since the group was an all-women group and this had yet to be addressed. For example, 'There's a lot less group pressure to join in with what other people are doing...'; and 'I'm feeling less pressure from my family to conform... I haven't felt I've got to join in, in the social joining in with the majority, this is new.' Here there seems to be a direct link with the experience of the DMT group and a change in family experience concerning conformity. The following comment is evidence of this point:

'..There's no pressure to follow what the facilitator is saying'. (Fifth interview)

and yet, contrary to this comment;

'The whole session was out of character, so directive, there was quite a resistance to what the facilitator was asking from us....feedback said it was not in tune with us, where I was, going along with it but feeling quite angry...I think there is sometimes some feeling of pleasing the therapist, in order to survive.. need to comply especially girls, learn to become very compliant. I almost wonder whether the facilitator did that to find that 'against relationship'. It seemed so absurd, untuned to me.' (Fifth interview)

In contrast to the first term which identified dependency on others, this next comment from interview five poses a clear case for self-responsibility, allowing others to care for themselves more.

'..I was able to move without taking sort of responsibility for people.. I am able to let go of some of that...the sort of caring for others and allowing them to be and to look after themselves within a shared situation.....moving more as a group..'

Others felt, by term five, that they were more involved with someone. A distinction was made between helping someone and taking responsibility for them - an important piece of learning for any would-be therapist. Individual work was felt to be nourishing but that it just was not possible to do that much of it. There was more of a sense of mutuality now; of joining with others in this final stage of the group.

'..It felt like people in the group tried to help her..we were very supportive or maybe not...it just felt good..before everyone was quite separate but now a sense of joining was important..'

'I think for me it can be a sort of escape working on my own but I certainly felt nourished by the work I did on my own.. so a bit of both really..' (Fifth interview)

It seemed to take the whole journey of the DMT group before this mutuality in relating could be perceived by the participants of this group. They clearly felt a growth towards becoming more of themselves as well as a sense of wholeness by the closing stage of the DMT group.

In the sixth set of interviews it was apparent that competition and rivalry over time was the key issue. Taking up space was manifested in the need to separate again and was just as connected to the individual and group use of space as in the previous term.

Specifically, the theme was interpreted as related to feelings of rivalry, competitiveness, jealousy and envy. One member said however, that she felt that whenever she wanted to take space it was always there for her. The split between taking verbal and physical space, was still there, some finding one easier than another. The positive issue of rivalry over space was that it had helped to combat



a lively spirit.

'.. there were three of us... and some rivalry between us was quite dynamic... it felt very exciting...um... (silence).....sort of like a tension whereby in the two somebody is going to be pushed out. Also direct rivalry between [a participant] and myself. The group enabled movement.....and to acknowledge and talk about it. In the session before the end, I could deal with the unfinished business. In that penultimate session when I got in touch with my jealousy, the jealousy which was (laugh), sort of, and that was very good, very painful. But afterwards I felt fully accepted by the group with it.'

(Sixth interview)

Rivalry was also related to the hypothetical presence of a man in the group;

'... how people would relate to the man and how he would have related to certain people, the rivalry bit..'

'It's a different sort of competitive feeling if a man is in the group or two.. would have been different... quite good.'(Sixth interview)

The effects of competition for some however made the group feel less safe and trusting for one member;

'....finding it hard to be really trusting in the group because it has elements of competitiveness, competing for a space within the group.' (Sixth interview)

Envy was mentioned in relation to another member of the group, but, it was felt, that through exploring and becoming closer to her in physical movement inter-action the participant was able to share thoughts about envy which enabled a still closer relationship to emerge.

### **Personal Therapy**

By the fourth term, the first of the second year in the DMT group, the issue of the participants' own personal therapy was highlighted as another sub theme.

The course strongly recommends all students participate in personal therapy whilst on the course. This could not be made mandatory due to CNAA regulations, which was the validating academic body at the time. However some

students did have experience of personal therapy on applying; for others it was a new venture. Counselling was offered by the college counsellor and counselling skills were used by personal tutors to help the student work through and identify their needs for personal therapy. The theme here concerns the participants' questioning of the role and nature of personal therapy in relation to the DMT group.

The function of personal therapy was often located in the context of the personal material arising from the DMT group experience. For example: 'Personal therapy is the place for talking about the DMT group;' or 'The role of personal therapy is to pick up on the things that come up in the DMT group, for example anger, exclusion, pain..'; and, 'In personal therapy you explore the other side of the issues explored in the DMT group, other feelings.' (Interview four). This could have been seen to encourage splitting, one disadvantage of having students undertake both a DMT group experience and personal therapy at the same time during their course of training.

The type of therapy participants had selected for personal therapy was dissatisfying for some. For example, verbal therapy did not provide for movement expression. This may have contributed towards the split between the taking of verbal and physical space.

'I'm uncomfortable with the analytical personal therapy...it's difficult...I keep wanting to move in it!' (Fourth interview)

Or that personal 'psycho' therapy was inappropriate because of a belief that DMT was not a form of psychotherapy.

'I have doubts about personal therapy using psychotherapy as DMT is not psychotherapy.' (Fourth interview)

This is probably accurate since the training was not equivalent in duration or content to a verbal psychotherapeutic training and would not prepare students to practice movement psychotherapy.

Although appreciative of the amount of individual attention and time, another participant did complain about the lack of contact with others in her

individual personal therapy.

'Individual personal therapy ...you get all the time... to yourself... and because it's continuous it is deeper and you can learn about your own body.....but you are not learning from the others' experience,... sharing... giving..taking.'(Fourth interview)

However, this was the only mention of the desire for a group experience at this stage, confirming the stress on the individual in DMT group process so far.

### **IS IT SAFE?**

Feeling safe was essential to the success of the DMT group for participants, and, incidentally to the research itself. This mirrors the notion of the 'holding environment' (Winnicott 1965:44) often referred to in psychotherapy as crucial to the development of a therapeutic relationship.

Several of the participant's responses illustrated the perception of the DMT group as being concerned with atmosphere and security. The creation of safety was important in order to feel free to express confidence and trust in the group, allowing for increased self-disclosure in movement and in words.

Worries about the way material could leak out of the DMT group into other parts of the course were very apparent from the start in term one. As noted above, some references were made to feeling uncontained and unsafe, as a result of meeting with DMT group participants outside of the specific DMT group. In addition, lack of safety was perceived to be concerned with feeling exposed to others who were not in the DMT group. There were calls for a less physically exposing setting to be provided.

'..it's not as safe because we meet the others outside the DMT group on another level. Fear of people looking in, [one door had a glass panel and two windows were close to a walkway] boundaries are important.....confidentiality important because we do other things together.' (First interview)

During the second term the analysis of interviews showed that the safety theme recurred as predominant. Since there was only a very brief response concerning the physical space and time in term two it can be assumed other factors were more important in creating and maintaining safety as time went on.

It should be noted, however that the same space was used throughout the two years and only one change in the time of the group was made for year two. The following extract sums up the nature and importance of safety to the participants in the second term of the six term course.

'The boundaries make it secure, the same time and place and the same members [one course member had left the course in week three] are all vital to make the process secure, but they also make it feel artificial. The group is more cohesive now which means there is more safety in sharing, saying things, experiencing at a deeper level...It is a different kind of safety now because issues are at a deeper level. More raw emotion now. Safety because we know each other a lot more and myself as well - more as well - more open, the group help you know there are supportive people and you can let go of fear, and the leader is very supportive, just being able to acknowledge that helps the knowledge that you will receive something from someone..they will respond in a way that is particularly appropriate. It's safe to say things and OK to be upset, safe to feel vulnerable, having broken down the barriers.' (Second interview)

During term two the willingness to express vulnerability and anger seemed to be crucial to participants' sense of safety in the group. There was a sense that group members themselves were not seen to have responsibility for the containment of feelings:

'Group members don't have a responsibility to help me feel safe. I don't need to be contained by them.' (Interview two).

Others expressed a reservation about whether it was safe enough to be angry in the group: 'I don't feel safe enough to be angry.' (Interview one). 'There's no space to explore the feelings of irritation and annoyance ' (Interview two). It was the facilitator who was perceived to be providing the safety in the way she provided space and direction.

'...The leader is flexible, provides lots of space and interjects with things she wants us to focus on. That feels safe, not pushed into a corner or confronted too much.'(Second interview)

The notion of the importance of boundaries was evident but there was a shift here though towards emotional safety as contrasted with that of physical

safety, particularly around the expression of anger and vulnerability. Again, as in the analysis of the first part of the DMT group experience, the facilitation of structure versus non-structure (provision of time-space) was seen to be important to participants. Barriers also seemed to dissolve providing an opening to receiving from others.

During the third term of the fieldwork the theme of safety was encountered again. However this time it was linked to sub-themes a) activities and structure, b) the therapy unit as part of a wider course, c) physical contact, an element perceived to be necessary for the creation of the safety in the group at this time; d) the facilitator; e) qualities of individual group members, and; f) the notion of boundaries. Each of these sub-themes are now discussed in detail.

**a) Activities and structure:**

In this third term some aspects of safety concerned the structure and type of activities. This might imply criticism of the facilitator for not directing the group to move again after verbal reflection. This was perceived as a method of containment perhaps bringing a sense of greater safety:

'If we moved again after the reflection time we could use it as a way of putting stuff back inside, safely being able to carry it.' (Third interview)

Honest talking and the use of sound helped some participants to feel safer; for example:

'Increasingly I feel more safe with the straight-talk.'

'I felt safe moving with noise, unexpected..people thought it would be intrusive...movement makes it safer to take risks like taking space.' (Third interview)

The fear of speaking was dealt with by one participant leaving her sharing to the end when there was little time left. This strategy enabled her to feel safe enough to share although only to a limited extent.

**b) Therapy unit as part of the course:**

The fact that the DMT group was a unit on the course limited its safety for

some participants in the third term. For example, they would continue to be in contact with each other after the DMT group; to explore anger might feel very frightening if they needed then to work with that person or the group during the next hour in a different context. There may well have been a fear here that the anger would spill over into the outside and as a result people would leave the course, and the group, which already felt vulnerable and small. For example:

'I can't feel safe exploring anger in the DMT group this term.'  
(Third interview)

'..it can't be totally a therapy group because it is something that is within college. It's about people's commitment to the course not the DMT group..it's more like a course module..I feel my ease with it limited partly because it is some part of the course..I do need to know that everyone has paid their money and said I want this..not all have expressed what our commitment is to each other...I don't think I've expressed mine either .. Another group I was in I really got to know the people. Not happening like this in the DMT group, something to do with us being students and equivalences such as work colleagues. This makes a difference.'(Third interview)

c) Physical contact:

During the third term in particular physical contact was an element which was felt to be required for safety to exist for the group. However, this reaction below gives the impression that there was some ambivalence towards physical contact in the context of safety; perhaps the use of touch made it feel less safe for some members;

'I don't know whether it would be helpful if I went to them when they're in that corner.....not everyone in the group is 100 per cent safe to touch. Afterwards someone told me they felt like coming up to me but wasn't sure how I'd react so didn't, just came closer.'(Third interview)

It seems that to have had more physical contact with the therapist was desirable at this stage for some members and indeed this form of contact occurred

as a major theme in term three;

'The facilitator is there to witness..like somebody cares..I had physical contact with her only once in the whole year!'(Third interview)

d) The facilitator:

Some of the qualities of the facilitator, such as her presence, support and confrontation played a key role in the development of safety of the group for some, but not all, members during the first, second and third terms, halfway through the course. It is also clear that the idealisation of the facilitator waned as the two years progressed. The last two interviews indicated criticism of her approach in relation to the group's perceived needs.

'I...feel the facilitator is there to be used for personal issues..' (First interview)

'very sensitive to the atmosphere when we all arrive..' (Second interview)

'I can be accepted in the group and the facilitator supported and pushed me.'(Third interview)

'No pressure to feel I have to follow what the facilitator is saying.' (Fifth interview)

And a more negative quotation:

'Not much support for getting in touch with anger from the facilitation' (Sixth interview)

e) Qualities of members:

Other group members' presence and caring attitudes both inside and outside the group made people feel safer in the third term. This was a shift in feelings from the first term where the experience in between sessions was of angry feelings left over, now the caring side of members was becoming more evident.

'It feels safe because most people are present in the group and the facilitator is present and available to everyone at the same time.' (Third interview)

'People take care of you in breaks if you have had a rough

session..we care, and it still feels a very close group - that's why it feels supportive.' (Third interview)

'If I wasn't in the DMT group knowing they'd support me I probably wouldn't have made that realization till five years from now by which time I'd be snowed under holding everyone else together and it would be worse.' (Third interview)

This halfway period (term three) was also marked by a dissatisfaction with the lack of continuity in the regularity of the DMT group due to bank holidays and so on. It was highlighted in relation to their difficulties in containing feelings and dealing with their own absence at this stage. In my view this would have led to further fears and anxieties about just how safe the group really was to express strong feelings and to trust they could be contained satisfactorily.

'It was irregular this term because of the bank holidays and two-day event... The breaks meant I repressed an issue I'd been working on in the group..at a different spot, but we can't abolish bank holidays.' (Third interview)

'The facilitator did something the week I was absent and I still don't know what was going on in that group [session].' (Third interview)

#### f) Boundaries:

In addition, at this third stage in the process, several comments referred to the nature of boundaries which also contribute to the feeling of safety and trust in a group. This now became a focused issue which previous sub-themes have implied. One aspect concerned participants' anxieties about contents taking place inside the group spilling over outside the group.

'..ganging up on a member can spill over afterwards...not a nice clean cut off [at the end of the session]...feelings don't stop ; can't just say "stop that's the end of the session" ...'(Third interview)

The following quotation illustrates how the participant reflected on her learning about the importance of boundaries and the role of the facilitator in exploring this with the group in the third term.

'People discuss whether or not a particular issue between people



belongs in or out of the group. I understand that it belonged in the group because the relationship is changed slightly but details belong outside the group...the facilitator listens to the tit-tat for a while then intervenes to say where the boundaries are and get us back to thinking where they are - what's in and what's outside group. Her role is to maintain the boundary rules without necessarily saying "I think this bit belongs here and that bit belongs there!" ..asking us where the group is drawing the boundaries. Boundaries link to the work-practice groups, for example, what if two members fall out and fight, what do you do?'(Third interview)

These participants also illustrate their learning on the boundary issue during term three.

'..We are expected to have lunch with people - but I don't like things spilling over into breaks, I say "I feel this belongs in the group, I'm having lunch now"....' (Third interview)

The reaction below, captures the difficulty experienced by one person when trying to avoid leaving material outside the group. Despite taking something pertinent back to the group following a research interview, somehow she did not have her material worked with in the group. The boundary issue could also be seen, as in this comment, to be concerned with the way the research itself impacts on the participants (see Chapter five, The Research Process).

'I'm sad that this interview is separate from everything else. I did refer to it and my being upset last time, in the DMT group but it got lost - another split off thing.'(Third interview)

Not all participants reacted in this way. Another illustrated how she dealt with it differently.

'I talked to the Course Leader who advised me to take it [a group relationship dynamic] to the DMT group.. I haven't done so yet, I will try next week but time heals.....I asked her [a group member] to take part in my autograph [a solo performance which takes place in the workshop unit of the course] and was pleased that she did.' (Third interview)

And in the following comment the tutor is seen to give time to the overspill which may have encouraged more outpouring rather than a containment

the material to the group.

'... there was a spilling out and the tutor made time in another slot.'  
(Third interview)

The safety of the group seemed to have been disrupted because of a powerful problem emerging at this stage (term three) between two members which began outside of the group. Here, in the quotations below, we can see members struggling with how to contain the issue of a rift in a pair relationship within and outwith the DMT group.

'..we thought it inappropriate in the DMT group because it was something that happened outside of the group.'

'Weight from outside as well as within the DMT group has been powerful this term..'

'It has taught me that group issues can come up if people in the group have a relationship outside the group.'

'This term has been a very difficult one for the group because of a problem between members when they were on holiday together outside the group, but they brought it into the group.' (Third interview)

It can be seen that this notion of objects outside in relation to material inside the DMT group emerged as a major theme throughout the experience.

Journeying on into the fourth term of the DMT group experience the issue of safety again proved to be a major theme but in addition the research itself was cited as a factor in the development of feelings of security. When the researcher became involved with the students in ways not envisaged at the beginning of the research it is clear the research impacted on the group experience. This was at the time of staffing cuts when I was required to become personal tutor to the participants as well as being the initiating researcher, course leader, supervisor and workshop leader. A degree of insight was apparent as participants reflected on the role of tutor and researcher in the same person in relation to the DMT group. For example;

'The research process and confidentiality of the DMT group

material is an issue..'

'The tutor and researcher roles in the same person could affect confidentiality of the research data. They could guess who's who because of access to personal material as the personal tutor.'  
(Fourth interview)

Another participant raised the issue of the fact that a therapy group was held in an educational setting, and that this led to fears with reference to safety;

'The location of the DMT group on a course presents danger and..fear.. a holding back.. fear of the group breaking apart.. it feels unprotected.'  
(Fourth interview)

Yet another linked the nature of the facilitation process, as had been the case in term three, as changing in a way that increased fears for the group. Perhaps she was becoming less directive, as if she could not contain her own anxiety at some internal decision she had reached about her own role in the group, had to give notice of the change, which of course, puts the anxiety into the group;

'The facilitator scared people when she said she would sit back and give people more responsibility.. to the group...and freedom.'  
(Fourth interview)

By term four the end of the DMT group was now in sight, only two more terms left. This was acknowledged and generated fear which in turn affected the safety of the group.

'I fear being seen in a less favourable light.. fear of exclusion.'

'The group is a less safe place to take issues because the group is not always there.'

'There's a fear of being seen as silly... It just doesn't feel safe enough to be different...I'm feeling self conscious in movement.'

'...a fear of my emotions, that they'll overwhelm the group... they'd all run away...I wouldn't survive my own distress if it's expressed.. my anxieties deepen.'  
(Fourth interview)

All the above quotations indicate that the group was, even then, (in the

first term of the second year, term four) very much in its ego state, it had to be in control still at this stage in the group process. There were several references made about the lack of interest and indeed fear concerned with making any contact with course participants outside of the college day, for example for social events.

Boundaries again seemed confused in term four as they had been in term three. Responses such as 'I was unclear of the length of a session,' or 'There was a confusion over the group's ending date..the final DMT group.. when it was..a broken contract..' were noted during term four.

On the other hand there were comments which showed some basic trust in the safety of the group, 'It feels safer now... accepting... trust in the group to go deeper into personal issues.'

The fifth and penultimate term of the DMT group experience also put the theme of safety well and truly on the map.

Three recurring elements were mentioned as helping to create safety at this stage. Physical contact with other participants, as had been the case in term three, particularly when feeling vulnerable and overwhelmed by the personal process work, encouraged safety. One particular response illustrates this in relation to the facilitator '....having a safe mum by holding hands.'

Generally it was felt people needed to be closer to experience a greater degree of safety. The fact that people seemed able to be engaged with their own feeling levels helped in creating further safety. This connects to a condition for trust in the context of a therapy identified in a research study by Friedlander (1970) who speaks of trust being a state in which members are aware that others could say or do something harmful to them but have a confidence that this will not occur. As a consequence of high trust, members, he says, are more likely to become involved, seek feedback, and risk self disclosure. This comment supports that notion;

'Experiencing that people could always do their own thing if they wanted to. It was expressed in the feedback ..um that people felt this sometimes made it feel safer..everybody had a chance to

express and that is OK - doesn't interfere with anybody else and you are more tuned in to each other, so that... I don't know what started first, because we feel safer we can be freer to express what we really feel or I feel safer because we see that we are expressing, chicken and egg really.. It feels a lot safer now.' (Fifth interview)

In addition working through the anger and the facilitator's style as in term three were again important to participants. 'I do feel the facilitator is very secure, she provides lots of security..um.. so we ourselves have the security to be able to go into that kind of material.' An unusual element emerges though in term five that of the research itself which is referred to with a feeling of insecurity around the issue of confidentiality. Here there was more awareness of the tape recording going back to me, the initiating researcher, and increased anxiety that I might identify participants; another example of the way the research effects the process that is being researched:

' I am worried that the tapes are not scrubbed clean between... I have to come to terms with ..it is not.. not just between you [the interviewer] and me but we have to think all the time it is in the tape recorder which, you know, contains the interview and then it goes back to the transcriber and the fact is that, you know, at some point I will see some of myself in print at some point umm.... and I think, I think that it is going to be quite shocking (laugh) on a level.. we are such a small group it almost feels like everyone is going to be able to identify everyone else anyway so what's the point! (laugh).. it does feel quite exposing in terms of confidentiality although I know confidentiality exists it feels like this is the publication in some shape or form which may well be printed - some of what I have experienced..more precautions could have been taken, not having tapes with material on it already..it was history but.. I certainly don't feel any pressure to expose something I wouldn't want exposed, my right to only talk about what I want to talk about still remains.'

(Fifth interview)

This description of 'having' tapes with material on already was in connection with an incident at the previous debriefing where a tape had been sent to the researcher from the interviewer via a participant. The process of finding which side to begin recording the debriefing had resulted in us all hearing the

voice of the above participant on the tape very briefly. This had to be addressed at the next debriefing and another system was worked out to prevent further occurrence. In addition a comment made by this same respondent indicated a need to reflect on the process of the debriefing itself afterwards (see chapter three, Methodology).

The final term (term six) of the DMT group experience develops the theme more. Factors such as people making noise in the sessions, expressing anger, being more open and willing to work with things as they came up all seemed to contribute to the feeling of safety in the group.

Participants said the group gelled more in this, the final term. Others felt a lack of safety was manifested in the way they felt they could not be what they wished due to the expression of aggressive feelings. Boundary maintenance was again seen to be important as in term three but this time in creating safety for the working through of deeper issues this term. It was seen to be connected to a feeling of protection where material was quite shocking and frightening. One member linked the protective feeling to her feelings of a child when her personal boundaries were violated. In this way a corrective emotional experience was given to this group participant. As the group neared the end of its life it was seen to be safer, offering a place where feelings could be more easily given words and articulated.

The consistency in the facilitation process such as the same time and place and above all the same person facilitating over the two years was seen to contribute again to the feeling of safety at this stage as well. Comments about not feeling safe enough to, for example, scream, though were still prevalent. One member felt she had no safe place to take her feelings since personal therapy had been terminated for financial reasons. Because of this she had a real need to find another DMT group to participate in once this one had concluded. Others also expressed an interest in locating another on-going DMT group for support.

#### **IN SEARCH OF A FACILITATOR**

Perceptions of the facilitator changed over time. Initially in term one there

was a sense of feeling comfortable with her different role, and her support and guidance, although some feeling of neediness at the individual level.

**'I'm comfortable with the facilitator now.'** (First interview)

**'She gives people space, removes barriers, sensitive..an important role..not one of us..can sit back and give direction..her role is different.'** (First interview)

It was recognised by participants that she provided a structure and a role model for them in term one. This comment below is a nice example of the desire for an 'other' who knows everything and understands everybody.

**'The facilitator is the model. She is good, she knows where everyone is and the feeling in the group and goes on from there. I feel safe with her, she would never push me further than I want to go, allows talk, movement, allowed to be..."less is more" was her interpretation, she listens and differentiates between different needs, seems like she's doing hardly anything yet doing masses.'**

**'I have confidence in her..her face shows many things, looks like she knows what pain is, accepting warm approach, nice eye - contact, not too direct, takes whole group in and sees when someone needs special attention...she is there to be used for personal issues...her example is how to be in a group: individual and group balance.'**  
(First interview)

Sub-themes concerned with facilitation were: the notion of support; structure versus space, and safety. The issue of the facilitator providing a model was a common one through the years as was her importance in providing for the safety of the group. The directive/non-directive approach she took was more of an issue halfway into the second year where her more directive style created much resentment.

The theme centring on the facilitation of the DMT group in the second term falls into two sub-themes concerned with a) the helpful and less helpful qualities apparent in her facilitation and b) the nature of the facilitator's role.

#### **a) Qualities of facilitation**

In the following comments the facilitator was seen as sensitive, supportive, containing, observant and to have given direction if people felt stuck.

**'She's very sensitive to what the atmosphere is when we all arrive;'(Second interview)**

**'She is very flexible, provides a lot of space and interjects things she wants us to focus on...a held space...it feels contained...she doesn't want to get too involved in moving with us whereas other therapists in DMT I've worked with have...' (Second interview)**

**'The leader is very supportive....facilitates feedback, makes suggestions if you're stuck..very helpful.' (Second interview)**

**'A brilliant observer..she knew what my problem was ..over weeks..I was angry with her at that minute when I was sure what was going on.' (Second interview)**

**On the other hand the comment below indicates a dependency together with a need for slightly more encouragement, for more dynamism and more contact, not necessarily physical, in her approach.**

**'I look to her a lot, want her to be more dynamic. She asks me questions which are very difficult to answer, role of sympathetic yet detached observer and I like to have contact with her..holding the group....being there for us..there for me. Could encourage me or I could have had more contact with her about being angry....a void there.. .I have a model in my head of the leader having a special relationship with me at that moment but I find that quite exposing.....she doesn't have a special relationship with a person.....I like to have contact with her...she gives attention.' (Second interview)**

**Clearly the participant would like to have a 'special' relationship with the facilitator.**

#### **b) Role of facilitator**

**Participants noted a clarity in the therapist role the facilitator was perceived to hold, that it is different from other staff roles.**

**'She comes in and goes out, not a tutor or supervisor, it's very clear, her relationship with us is none other than as a therapist. She has separate supervision..not to do with the organisation [this is a mistaken assumption, only art and dramatherapy facilitators had supervision with an outsider] and attends staff meetings but our material is not discussed there - we don't see her in any other context.."it's a therapist-client interaction.' (Second interview)**



It is interesting that anger was mentioned as one of the issues linked to the facilitator. This emerged as a major theme during the second term of the therapy group.

The third term brought a change in perceptions of the facilitator. She was perceived to be supportive, allowing for reflection, and as acting as a container for the group. Yet there was a wish for her to be more directive and to make interventions such as helping the group to deal with anger and conflict. She was seen as a silent witness, respectful of their work.

'..I'm enthusiastic about her running the group..she brings us together at the end...she's very good at going in and out and making me feel there is interest ..working all the time and tuning in...good at feeling what is going on and feedback.'

'She listens to it for a while then intervenes and says "where are the boundaries?" Her role is to maintain the boundary rules.....she brought in a Japanese [object of some kind]...she is a major factor in the group's safety.. a very supportive person.'

' She allows time for reflection...if we moved again afterwards we could use it as a way of putting stuff back inside..'

'She is a container..gives directions and suggestions about what we could do - I need these ...For a long time I expected her to take more lead..she will come in if she feels she needs to ..she lets others say what they think - feels good. Witnessing us. I feel some distance from her - I'd like more feedback on how my processes seem to be..I'd like her to be more directive, making clear there is space for conflict to be looked at or resolved. This is not clear to me as yet but I assume it to be so.' (Third interview)

The above quotation links to the theme of anger, as noticed in term two, a demand on the facilitator to do something about the need to express anger in the group. It is interesting that more of her is desired, such as through physical contact or dancing with participants.

'Her presence and availability to everyone at the same time. Her silence and respect for our work, amazing strength..really available to me..I have faith in her..essential she is there to witness...like somebody cares. I had physical contact with her once in whole year!'

**'She supported and pushed me.'**

**'I want to dance with the therapist because movement is very important...not being able to move makes it very difficult.'** (Third interview)

The fourth set of interviews was the last in which the facilitator was specifically mentioned as a major theme. Perhaps there was no more to say, no changes in approach or need to appraise her abilities.

There seemed to be some criticism with the change in the role of the facilitator during that fourth term; in that she was in becoming less directive.

**'The facilitator said she'd sit back, be less in charge.....';**

**'She said she'd support from the side-lines;'**

**'She is very supportive... she scared people when she said she would give more responsibility to the group... more freedom.'** (Fourth interview)

While some responses were descriptive of her as a constant figure or as a role model, there was a sense the members perceived her as changing the way she facilitated the group. 'The facilitator initiated the circle and group contact; ' and 'Her function is as a model of a therapist;' or 'She is a constant figure..... has journeyed with us for two years....she normally doesn't encourage joining.'

The observation below however confirmed the perceived nature of her separateness and her focus on the individual rather than the whole group;

**'She is isolated, alone, separate and apart...she talks to individuals not to us as a whole group.'**

Some were angry with her, others protective of her such as 'Aggression was transferred to the facilitator about the lost ....member....blaming her for the loss of a member;' (this referred to a member who failed to achieve the required standard to graduate into the second year). There may have been a scape goating onto the facilitator by the group for the loss of one of their member's, (despite the facilitator not having any links with assessment procedures) and 'We were confronting the facilitator ... lots of.. anger at the facilitator;' or 'I was angry at

the member who lashed out at the facilitator...don't destroy mother!

## **BECOMING A CLIENT, BECOMING A PRACTITIONER**

'It is good to know what it's like to be the client.'  
(First interview)

This comment was typical of participants' experience throughout the duration of the DMT group. Much of this theme, particularly in the first term, was concerned with exploring the role of the client in DMT and the value of this for them as practitioners. The following comments are illustrative;

'The awareness of being a client makes me a better therapist.'

'Being in the group is how it feels to be a client.'  
(First interview)

Other responses included the need for safety in the group in relation to the requirement for them to experience other activities together, such as:

'the importance of creating atmosphere, security, safety, particularly when we do other things together.'

This was important to have acknowledged in terms of their future practice as many clients in institutions also integrate with each other in other activities outside of their participation in group therapy.

Here we see the role model of the facilitator as therapist linking with practice; 'The role model of the facilitator as therapist is important;' together with an expectation of a greater understanding of the nature and importance of groups as a training component in becoming a dance movement therapist '...I will better understand the power of groups.' This was crucial since most practice in institutions takes place with groups rather than individual clients.

Recurring sub-themes throughout the two years of fieldwork were concerned with a) client empathy, which is fairly obvious since group members were working on their own material, and b) the facilitator as a model of a dance movement therapist together with her task of providing a secure environment (see earlier theme 'Is it safe?').

In this second term of the DMT group experience the analysis of the links with dance movement therapy practice resulted in three sub-themes. Firstly the recurring theme of the need for safety in the expression of strong emotions illustrated by the following response;

'The DMT group influences my practice in making me more aware of how much safety is there within a group...an awareness of the importance of safety, that is no retribution, laughter at them.'  
(Second interview)

Secondly the requirement to adapt the model of DMT as presented by the facilitator;

'The model is contradictory to my practice..a different model at college, strongly verbal which is very confusing.. It gives me insight into the workings of a group generally and that's helpful in my practice but felt I'd failed in my practice, and it was sort of college's fault but I scape goated college and part of learning is to know that..it's clarifying things..different ways of practising DMT, all depends on the client.'

'It is inappropriate to use the facilitator's model for a DMT group at this stage for my practice.' (Second interviews)

whereas this next comment appreciates the model as one which prepares her for practice as a dance movement therapist.

'I see links in that I would be in different roles if employed as a dance movement therapist, do other things as well. Here, as a student I have different roles..in a setting I might be a key worker and lead other groups as well....gives me insight into how a client would feel about the shift, being involved in intensive therapy then coming out and having lunch and doing something else in the same room..their day is similar to my day here except their groups are voluntary..that's the difference, helpful that I'm in that process as well i.e. the DMT group then onto something else..it's hard'.  
(Second interview)

This participant continues with a reflection on the nature of being in other roles as a model for a dance movement therapist working in institutions.

'.....In supervision it was said....you would be in other roles when in contact with clients,..um...and for clients to see you interact as a person rather than as a therapist ..should be important in

maintaining boundaries...but the difference is that this is an educational context not a day hospital...makes me wonder how clients feel about people being in one role then another..The OT [occupational therapist] at work feels the empowerment about the DMT group is that I am the only one in that role so she is saying the opposite. I have ambivalent feelings about this..I'll have to try it out and see its limitations..might affect the way they can work if they see me all day'. (Second interview)

Thirdly the notion of empathy with the client role in DMT, which was a re-curring and major theme throughout the duration of the experience, but to stay with the analysis for term two here are two examples:

'Professionally it is experiencing DMT as a client which is vital to becoming a dance movement therapist..we are encouraged to be in individual verbal psychotherapy which is equally important but its very important to be in contact with the process of what it is like to be in DMT from a client's point of view, for example not being able to move personally made connections for me in the DMT group, and when I've not been able to give what's been going on inside me..then experiencing it yourself gives more insight into the process that one can go through because I'm going through them so it enables me to empathise more and have more insight...counter-transference is given a space.' (Second interview)

also:

'..it helped me pick up what stage my clients were at because I went through stages of bereavement in the DMT group and my clients were experiencing degrees of this too...I could delineate the movements I was doing plus I reacted to that in them so did not move with them 'cos I'd be back to my own process 'cos I'm still going through it...makes you aware from an observer's point..aware of the effect it has,...it helps my practice because it's an on-going stimulation both experiential and informative, helps me to experience links because others in the group are working at other things. This makes you aware of how people deal with things, what's around and how you relate to it, underlying commonality.. helps to clarify that.' (Second interview)

This next comment contributes to the empathic feeling of an 'as if' client in relation to the nature of DMT as a body based therapy and the importance of trainees experiencing the body itself as a client at the same time as facilitating a

practice DMT group.

'It gives me a better understanding of my practice DMT group with my patients from my own body experience, better understanding of the non-verbal communication, they may have painful past experiences associated for example, noise, music. I need to judge the feeling from their faces and response, they cannot express feelings..If I hadn't been through the DMT group I couldn't know DMT or how it could help or how I would work as a dance movement therapist, how will I understand the patient if I don't go through it?... because you cannot get the experience verbally, you have to feel it in your own body...inside.' (Second interview)

By the time term three is in motion responses begin to link with work-practice. The third interview (the end of the first year) stressed that learning about groups through being in one was vitally important for the subsequent role as therapist for participants. It was also becoming clear to them that the model offered in this group was not necessarily the one to use for their own practice. This, they now realised, they would have to develop for themselves.

'There is something about having our own model'

'The DMT group generally deepens my understanding of group dynamics'

'....I can learn through the facilitator's efforts how one should lead in group issues'

'It has taught me that group issues can come up if people in the group have a relationship outside the group. May be difficult for the therapist to deal with because you don't always see patients outside the group... may be difficult for the therapist to be neutral because we all like one person more than another - it is human nature..... I feel the DMT group helps me to understand my clients' movement better than a year or three months ago...also how they can show/tell me how they feel.. it is generally painful to attend the DMT group..you have to go through it to understand patients.' (Third interviews)

Therefore the first year was concerned in the main with the trainee experiencing a shift from acknowledging her professional interest in DMT, one small part of her being, to another interest in the DMT group - for herself as

'client'.

The following quotation crystallises the notion of this shift, particularly in the use of terminology such as 'client' when speaking of another participant.

'The facilitator prompted me to do something, I was absolutely furious with her, (laugh) you know I just felt how dare you, you know, the fact that I am here is enough and I don't need this, leave me alone, I felt very angry... then another client actually initiated contact - it felt not like a demand.. just two entities, very supportive. At that moment I felt quite unsupported by the facilitator but supported by the group and the space. I expected the support from the facilitator but didn't get it at the time.'

'I found the physical contact helped me feel safe and the message in it was 'I am here and I care about you'..no demands, I didn't feel the group were focusing on me. One client came up which was a message 'I empathize with you' and then she went on her way.'

It is interesting to note these first references to 'clients' in term five. Perhaps they were now truly able to enter the world of a 'client' as well as that of a 'student' in the DMT group. This shift did cause some concern over acceptability however. During term four, and connected to the theme of the individual in the group ('live experience'), was the issue of the social role. Needing to be seen as acceptable to the group played an important part in the life of the group at this stage. For example, participants felt it was important to be liked and accepted by the group. However, to be a client they would need to bring material which would probably make it difficult to be liked at all times. They felt self conscious in their movement too, indicating they perceived others as watching and judging them in some way. There was a fear of being seen as silly or of their emotions overwhelming the group, causing them to run away or see the member in a different light. The social pressure to conform, be the same, not to rock the boat was very evident in term four. The expression of anger to other members of the group was seen to be unsocial, so it was blocked out. The fear of being seen in a less favourable light and the disadvantages of entering into the client role were explored in term four though; 'Am I a student or a client?' asked one member. At this stage the two experiences of student and client seem to be

in conflict.

Maintaining the client role in the DMT group has implications for how they are seen by other members outside of the DMT group. Perhaps having therapy as a student dance movement therapist is one thing but to have it as a human being, with all the wounds exposed is another.

It can be justified more easily if the person is a student/trainee as the major identity. If the person is a client, wounds may be seen by other 'trainees' as weaknesses. Their social standing and probably professional one too is in jeopardy if they truly enter into this client role. Further comments about the doubts of using therapy in an educational context were expressed. Also the resistance towards sharing, the fear of confrontation and the fear of what would happen if the 'stuff' of the group got out to affect the work of the group as colleagues in the rest of the day was especially pertinent. So participants 'held back' to maintain their status. They did not disagree but went along with the group norm at a social level for fear of criticism; 'To disagree invites criticism.' It was not until term five that the word 'client' was used freely by participants, the time when they were most in touch with loss, anger and isolation from the group.

Of allied interest in term three was the supervision of work-practice which was also seen to be connected to the DMT group. Supervision was a course component which was concerned with the students' DMT work-practice and in this way is closely aligned to work-practice itself. The following two comments indicate how both the DMT group and her own practice group were terminating. She also raised the question of an on-going DMT group for herself in the future, a desire talked about in the first term.

'It links with work-practice in that the DMT group and my group are ending. No other strong links. Work-practice links with supervision... I think the DMT group should link more with practice...links with how much I want to be part of a group and whether I have to distance myself a bit...In future I would like the opportunity to be in an on-going DMT group - to hang onto the need to know what its like to be in one because it's very important in running a group because of the dangers of being disconnected with people in the group and the process of oneself.'



**'Supervision issues get into the DMT group too...Boundaries link to the work-practice groups, for example what if two members fall out and fight, what do you do?....It will get them relying on themselves more so instead of asking me they'll find it out....but the people I work with are not so capable of that sort of independence so I tend to be in the helper role because they cannot support themselves in going out and doing things....this has come up in the last few weeks.'** (Third interview)

From the roles of trainee and professional perspective the notion of a lack of connection found between the DMT group model presented with participants and their work-practice is evident at this stage during term three. The following quotation, however, raises one link towards the end of the student's reflection when she is able to feel as her clients might feel in not wanting to be in the group or by experiencing 'things happening to her in the group'. It also appears to reflect a split between the student and the way she thought about her clients. She infers she sees the severely learning disabled children she worked with as quite different - dysfunctional. They are different clients but the question has to be asked why are they so different? Is there a fantasy that the facilitator had an easier task?

**'..it is valuable in giving an understanding of what it is like to be in a DMT group which is important if we are going to become dance movement therapists - to be on the receiving end... but does not help in my work-practice because this group is with highly functioning adults who are interested and aware of the therapeutic processes and practices as well as DMT... it is one sort of format - the facilitator on the edge - not participating... sometimes supports me in my movement and in the warm-up... but my practice is with children and is more directive, movement and verbal support ...it is hard...it jars... am I too directive? I feel what it is like not to want to be in the group...when I don't know what to do...things happen to me in the group and they happen to the children as well so these things are group issues and link in.'** (Third interview)

A quotation from the third term also acknowledges that by reaping benefits from her own DMT group this participant is able to challenge her clients more in her work-practice DMT group. This comment is also illustrative of the link with supervision.

'In my practice this term I have wanted to challenge the patients to get more in touch with themselves in the group and be more honest. Maybe in reaping the benefits for myself...but I have to be careful not to assume that it's going to be another's experience - what I experience....as facilitator it is important I don't push people beyond ...than they are ready to go..If I get in touch with painful issues (my power) I tend to put that on my shoulders as my responsibility (burdened)..It must be my responsibility if I'm the all powerful one, but I am not. Linked to supervision where I invested the supervisor with all the power.'(Third interview)

There seemed to be much more awareness of the way the DMT group was relating to their practice in the analysis of the fifth interview. Examples of evidence for this included being given the opportunity to be able to move like their clients. This was as a direction given to the group by the facilitator which seemed to link to supervision more than the function of the DMT group. Other comments on this incident indicated it was a session totally out of character with the usual facilitation style. They felt the DMT group had given them a broad base from which to work, either directed or non-directed, facilitating in opposition to the feeling or in tune with the 'here and now' feeling or mood of the group or individual.

Connections with participants' loss of their own practice group and how they dealt with this as therapists in comparison with the facilitator's loss of the DMT group were referred to. For example, one participant mentioned how important she had found the 'saying goodbye' to each individual in her group and them to her; something she felt was lacking with the facilitator. She was aware of how much she missed her practice group and supposed the facilitator would probably miss them too.

Participants said the need to physically move whilst running a practice group was important in order to digest the group process more, particularly when working with movement. Learning what it was like to be a client was again mentioned and how, as a client, there was a need to constantly tune into the group, a skill needed as a therapist; when to step in and when to step back, to intervene or not.

As in term one, in term five participants raised the idea of meeting once

they were out there practising. There was a strong feeling that they needed each other's support doing this sort of pioneering work. A desire to carry on with the DMT group after it was finished was linked to practice as a warning to guard against the desire to continue with groups they were running because of their own needs to avoid finishing, and the loss that brings.

There was a sense that the group helped them to focus on themselves and leave their practice behind (the DMT group for the sixth term was timed as the first session on the course after returning from their weekly placement), particularly as the placement brought them into contact with many of their own issues. This indicates that they were aware of the counter-transferences and were able to use the DMT group as a way to begin working through personal issues emerging out of running their placement DMT group.

One participant realized the need to explain to staff and clients that DMT was a long term process of work and that patience was needed when waiting for change to occur;

'it has taken me 18 months in DMT to really feel about me..a significant experience coming from the state of inability to move, emotional, different, particularly striking... and I umm ...have changed with that. Ten weeks [the length of their current practice groups] is just a drop in the ocean.' (Sixth interview)

Another noted a connection with her change in practice concerning her preparation for leaving the DMT group, and a third that the DMT group was like rehearsing. She indicated that she now felt less worried about doing it the way it was done on the course. She was confident her work was adequate although she still had doubts and questions. She was less worried than she was that her model was different from the course one. (This co-researcher analysed her own transcriptions and speaks further on this aspect in chapter eight, on page 179).

'I feel less worried about doing it the way that I see the college, what we should do it as.. or something, and I just kind of ..be worried if they don't like it.. the way I work that is because they present one model that I don't necessarily like because I feel that is... I feel I have stuck my neck out and done my bit, I am probably working, at least it's work that is confident rather than sort of

anxiety.. still have doubts but I'm searching sort of found, um.. my own model, way of working which is about time for the course to end I suppose. The DMT group started the whole process for me of this movement, it is part of the whole thing..... It makes me realize the importance of holding the environment... our facilitator doesn't have to do so much, we are getting things out of it..like sending children out to play when you know how it is in the playground you know, they just do it...I have had difficulty with that in the past... I have to be more verbal and active in my sessions with the kind of clients, sort of helping them along the way..it is different from the DMT group facilitator. I realized I was never going to work in this way and it is no good taking it as a model, her personality is different....I see how I am going to practice - that is what I have been finding out this term. A change in attitude has helped this process, I see no-one is going to hand it to me on a plate, before I have felt I have to get this from.... you know.. but not now..I think why be careful? (laugh)and that has freed me to do my own philosophy because I probably get it more right and I've really been able to be more daring.'(Sixth interview)

Here there seems to be an evaluation of that the DMT group not as 'the' model but as an experience from which to explore her own model within the setting she was working. In particular the experience had led this participant to a marked change in attitude, to become more independent and follow her own personality and philosophy, and, in taking account of the clients' needs, she was confident she was offering an appropriate model of approach to her practice. Course philosophy was intended to give students an opportunity to evolve their own models of DMT practice rather than presenting/spoon feeding them in any one particular model or methodology.

### **OBJECT RELATIONS**

This theme, present from the outset in clusters, was primarily concerned with the DMT group participant's relationship with their student peer group, other course components and their life outside the course. Essentially the following section describes the relationship participants had with these 'objects', whether other people or inanimate course components.

There was some ambivalence as to whether the DMT group experience affected the relationship between the students when participating in other course

units. Some comments in the early period of the group indicated boundaries and confidentiality enabled a certain containment and safety outside of the DMT group. Responses also showed that participants felt they were still in contact with issues which arose in the group, for the rest of the day.

Although expectations for the DMT group were muddled with those for other course units at first, it was later felt to be valuable in facilitating an intense involvement in the course as a whole, and in creating strong peer relationships. Its function became clearer over time.

'My expectations for the DMT group were muddled with the rest of the course....was not sure of the value of therapy, of the group,.. what it was offering, saw my tutor and became aware I got a lot from the group..a lot of meaning in it...loss of [another participant] in this experience was valuable for me, shame to loose her, another dimension....The group affects everything else in the day...I was thinking of leaving the course but the group was so important I decided to stay. '

'In other groups we expect and get information. In the DMT group we look at private issues - not to do with the course..It is the one unit which makes the members of the group come together very quickly...otherwise it would have taken a long time to know each other because it's a part-time course.' (First interviews)

Paradoxically the development of a close course group, facilitated by the DMT group, did help people in their relationship to the whole course.

'My expectations of the group were all mixed in with course expectations, I can't remember them...we get to know each other more in the group....The group helped me become involved in the course, it was not assessed, had a regular time of 1.5 hours, with a different person special to that time. Because it's more in relation to me it makes it different from other groups on the course..It can affect me in my time outside the group.'(First interview)

However, it was evident from the start that in reality participants feared relationships with colleagues within the DMT group might become adversely affected during other aspects of the course because of the interactions and personal disclosures during the group.

**'It is not as safe because we meet others outside the group on another level, for lunch etc, my fear that people are looking affects me in the time outside the group..confidentiality and boundaries important because we are doing other things together.'**

**As illustrated above there was evidence that the group experience affected people throughout the day. The following quotation reflects this notion: ' the DMT group affects my feelings at the end of the day'. Yet, on the other hand, there was a comment which illustrated that the opposite was true for one participant; 'The group doesn't change anything outside the group.'**

**Some links were made to theoretical and practical units of the course in comments such as: 'I see a connection with DMT theory' or 'there are connections with the lectures.' This is important to note since lectures and practical units were designed to reflect predictable aspects of the group process over time. This learning would not have been possible if the DMT group experience had been out of synchrony with the rest of the course units, all of which took place over two years.**

**In relation to life outside of the course, personal therapy was again mentioned as a result of the experience in the DMT group:**

**'Learning about myself made me seek counselling outside of course,' and '...My personal therapy is another place where I can take issues which I cannot take to the group'. (Second interview)**

**It is important to note that not all participants were in personal therapy in parallel with their DMT group experience. The course advises students to undergo personal therapy (preferably DMT) but due to the academic validation procedures could not, at that time, make this mandatory during the course. It is now the responsibility of the professional association to make this a condition for entry to the registry for practitioner level (ADMT 1995).**

**Analysis of the second interview, in March 1989, revealed the theme of the participant's relationships with each other outside the DMT group itself. There were worries about sharing personal material with reference to how to deal with their relationship with each other after the session; they had workshops, tutorials**

and lectures to attend together as well as lunch and breaks.

The fact that participants in the DMT group continued to see each other after the group experience, in other course units, was difficult in relation to the safety and boundary needs of the group. The following four comments expand on this perception.

With reference to personal issues:

'...it is not completely satisfactory because people leave the sessions in a turmoil..Links happen outside, on reflection.. for example to Winnicott and early childhood around the issues of acceptance and rejection...we try not to carry it over ..there is a need to end the process of the group but it's sometimes difficult.'(Second interview)

With reference to the social setting;

'In the lunch hour we talk about anger and I feel accused of not expressing it in the group..I feel angry about that 'cos I did my best...a lot goes on between us outside the DMT group. I do have space outside but don't say as much as in the DMT group because of the social situation. I have concerns about members..Talking about anger with one person helped me think for myself... some people are able to bring it back to the group.' (Second interview)

To the physical space;

'It's difficult to do the workshop in the same space with a tutor in the role of teacher..the problem of switching hats and becoming a student having been a client..having been in contact with my own process...access to emotions like pain and working on that...to put that aside and move on...It teaches me about boundaries which has come up in supervision.'(Second interview)

And, finally, with reference to the group dynamics;

'..I have a fear of spillage into other aspects of the course, stuff between group members in the DMT group will continue, for example I go home with two other members ...Its difficult because of dependency and friendship, not wanting to offend..I'm worried about how we deal with being outside the DMT group on our own with it all.' (Second interview)

Sub-themes were concerned with the difficulty of coping with being outside the DMT group with the same people and, at times, in the same physical space.

Dealing with containing the group experience and the shifting of boundaries in relation to: a) their other role as students with each other, and b) working in other course units. Feeling alone with it all and yet in contact with others in sub-groups perhaps posed boundary problems. Yet it is this very issue which is so crucial for a therapist to address and work with. The development of the ability to contain material from the therapy session from one week to the next over time. When seeing, or being in contact with clients during the intervening period one is required to remain disconnected from the therapy material no matter how strong the pull (unless the work is in the context of a therapeutic community). It is crucial to maintain boundaries. If the material is discussed outside of the therapy setting then being able to bring this back to the therapeutic relationship and encourage reflection on it is important.

The analysis of interview three, the third term, did not reveal such a concern with objects outside of the DMT group as those inside. However, in the fifth term we see a pre-occupation with objects outside the group affecting the group.

The fifth term of the experience was characterised by participants' perceptions of a major loss, that of the course leader and initiating researcher from the DMT course itself. This was a pervading issue in all the transcriptions. Ending and loss concerned the course leader's leaving (at the end of the fourth term), the ending of the DMT group together with the course participants finishing the course in July 1991, only one term away.

There was some sense of trying to fill the gap that would result from the loss of the DMT group. The participants spoke again of trying to set up something else after the group had finished, finding another course or finding their own DMT group.

Anxiety was indicated about the future and how they could practice without the support of a DMT group experience. Examples of the participants' feelings around leaving the DMT group were as follows:

'...sorting out my personal feelings..um tending to the garden and counting leaves in the garden and awaiting for the growth of the



seeds that I planted and I mean I feel that very much with the making of my own living statement ..need to extend the seeds of my own individual life.. I suppose I am actually getting prepared to leave, the flying and landing and flying away, you know, how a baby sort of moves away from its mother and looks back to see that she is there and moves a bit further and comes back it is sort of toing and froing a bit. We only have 8 sessions left - feels like it's going to be very hard not to have that space and I worry, feel apprehensive about practising and not actually having DMT so am currently involved in my psychotherapy - work covered is quite different but work in DMT is in the learning.... learning my own process and learn about my own process.. and my own development and I feel about clients and their process, I'm learning in an experiential way. I feel quite worried about the prospect of possibly becoming a practitioner and not having DMT myself.' (Fifth interview)

' I need to secure a continuity, panic about ending - saying well we must secure a date when we can meet again...we have been going out there, doing something new, a bit like a pioneer's work and we need each other's back up so I feel the need to already climb ahead and am a bit worried about everybody ... will go away and you know, lose touch with each other..' and she relates this to her practice...'Perhaps it's a personal need, others don't need the group as much or whether people still caught up with the things not making the effort, I don't know.. I invited them to party next week, I've stopped expecting them to arrive... so will not be disappointed. With my practice group I really must guard against just wanting to carry on.' (Fifth interview)

'I'll lose the contact of professional support and sharing ideas, a vital support system, something which really links me to where I am. Although psychotherapy is there still it's not the same process. The loss of the nearly, almost, accepting mother [the facilitator]... we will be missed..last session the goodbyes were all directed to us as clients but when the facilitator was leaving I was aware I felt I hadn't really said goodbye to her, therapist copping out of goodbye, she does have to face it to us, individually us to her and her to us.

There was a general goodbye but an empty space there. I felt fear of emptiness, fear.. of feeling empty.. one member already thinking about the next course going to go on.... let us fill it up with something, I am already preparing for the next thing... maybe if we were to approach the facilitator she would actually continue with some sort of...I felt my own loss when my practice group finished,

each one said goodbye to me individually.'  
(Fifth interview)

The phenomenon of the course leader's resignation was mentioned in one case profile's personal journal during term four.

'The course leader leaving gave a heavy feeling to the group. My feeling of abandonment led to a dance with a heavy stone. It was a polished rounded stone, sometimes I lifted it, at other times I pushed it back into the Earth. I questioned whether I was strong enough to carry this stone, could I manage on my own? Did I want it, or did I want to reject it? When I put it back into the ground what did it hide? When I lifted it what was revealed? Although I could not/cannot answer these questions they occurred during the dance and served to allow me to maintain strength and sustainment over an extended period. The group facilitator asked where the Dragon [a personal symbol] was in relation to the stone - I could not answer but had an image of a silver dragon carved onto the stone in a circle - perhaps the two were one! and the stone was an easier image for me to work with given my feelings of abandonment, fear of the future and sadness at the loss.' (8/10/90)

It could be speculated that after the announcement of the resignation (at the beginning of term four) participants initially worked privately with their personal feelings around the news. It was in term five that the group began to address and work through the loss, when the lack of the course leader's physical presence was experienced. And, in relation to this speculation in term five there were considerable expressions of anger and feelings of resentment and abandonment, for example:

'I was very angry when the course leader left the course, very hard on us as we were a new group and had already lost one, and for her not to see us through which was the expectation, to leave prematurely is as big a loss...particularly in terms of our own education as dance movement therapists.. she has an enormous wealth of expertise at her fingertips and I started missing...I have a delayed reaction to loss - only when it comes do I actually feel loss...I find it difficult to get in touch with the feelings of loss.'(Fifth interview)

Responses also reflected the changes and experiences of loss as participants acknowledged the ending of the group.

**'I feel my work has truly changed this term ... maybe due to preparing to leave the college.'**

**' I will be very sad when it finishes, it's a unique experience and very powerful, even if I do find another DMT group it wouldn't be the same..my separation from my mum was related to the course leader leaving, she was holding us together... lose mum and still be OK, I didn't say goodbye properly to her because I find endings so difficult. I'm not looking forward to the ending next term.'**

**' I don't want to focus on the future but on the pain of separating.'**  
**(Fifth interviews)**

Analysis of the reflections during the sixth and final term of the DMT group experience showed a concern for life after and outside of the DMT group. Specifically we can see that the issue of support emerged in connection with the ending of the group and the course. The need for supportive mechanisms after the ending, was evident in suggestions offered, for example, another DMT group, supervision, a container of some form such as x number of student meetings with a tutor. The research project was filling this need, they felt, particularly in this, the first year of their professional lives as dance movement therapists. It also provided them with a connection to the 'source,' perceived by participants, to be me.

## **SUMMARY**

It would be inappropriate to summarise the preceding themes at this stage since the following chapter identifies more. However, at this halfway point it might be useful to review the titles of those which have been discussed, as a reminder to the reader.

**The live experience: This is my stuff, not yours!**

**Is it safe?**

**In search of a facilitator**

**Becoming a client, becoming a practitioner**

**Object relations**

Chapter eight, which now follows, provides for further discussion on further

Chapter eight, which now follows, provides for further discussion on further major themes together with one co-researcher's interpretation of her own transcriptions. The analysis of the final, follow-up, interview seven is presented in chapter nine.

## **CHAPTER EIGHT**

### **PLANT THE SEEDS AND WATCH THEM GROW**

#### **INTRODUCTION**

As previously indicated this chapter continues from chapter seven in documenting themes emerging from an analysis of the data from interviews one to six. In addition one co-researcher's interpretations from her own analysis of her transcriptions (interviews one to seven) are included with my comments. The further major themes are entitled; 'Ferocious polar bears'; 'Little Bo peep, she's lost her sheep'; 'Experiencing the method'; and, 'Skin to skin contact'.

#### **THE FEROCIOUS POLAR BEARS**

'Polar bears are ferocious - not sure I'd like to be so.'

(Third interview)

The first period of the DMT group experience did not reveal anger as a major theme. It was not until the second term that it emerged to take its place on the map. One participant complained of there not being enough time to really explore anger; 'There's no space to explore feelings of annoyance and irritation.' This was a recurring complaint from the second term to the end, term five excepted. They were finally able to give themselves the time in term six. The course leader had left at the end of the term four and it was apparent from the data that their anger with this action was not addressed until term six.

In term two within the main theme of anger was a sub-theme concerned with four specific contexts for anger; a) that which was seen to be coming from the outside into the group; for example 'I had ...anger with someone at home and with people in the group and had not said.....', or b) identified in terms of anger expressed as being about the group outside the group time, for example towards the facilitator or peers, c) expressed towards each other within the context of the DMT group; or finally d) connected to acknowledged inhibitions of its expression such as in the desire to work together, or about the group's need for safety. The following comment captures these points a) and b):

'I am expecting to feel angry with the facilitator but I haven't - you should be able to feel angry at the therapist...people say insensitive, inappropriate things at lunch, makes me angry.'

Here are two further comments on each of the points separately:

a) anger with the facilitator;

'..she knew what my problem was, over weeks - I was angry with her at that minute...still feel I'm not totally able to share because things still underneath...,not said, for example anger.'

b) anger about the group as discussed outside the group;

'...in the lunch hour we talk about anger..I was accused of not being able to express it in the group..I feel angry about that...I blame myself for feeling angry...angry about all the work we have to do for the course..when I got angry I didn't want to be laughed at..they gave advice, I rejected it, gave me space and I didn't use it - like rejecting food, my anger was picked up then..maybe I thought they couldn't give me the nourishment I need, I took the anger into myself....I talk about my anger outside the group, one person helped me to think.. um .. when we had only 5 minutes left in the session I still didn't express my anger..not much on anger is ever done in the group...we could have had more contact with the facilitator about being angry.'

Alternatively, c) anger as expressed towards each other within the context of the DMT group;

'People are confronting each other, anger in the group...some keep a lot - I felt angry at them, they let others bear pain for them.'

Finally, d) anger connected to acknowledged inhibitions about its expression in:

i) the desire to work together, and ii) the group's need for safety. These two quotations illustrate the inhibiting effect of belonging and safety needs on the expression of anger.

'Common issues like anger more recently coming out..great potential to work together on it rather than saying at end "today I felt angry."

'I don't feel safe enough to be angry..... it came out in movement and this was satisfying...still a difficulty for the group to be angry because people don't say it when they feel it in the circle...I blame myself for not expressing it more.'(Second interview)

It might have been that the resistance spoken about was the result of the group's need for safety which outweighed the need to express anger.

As in the previous term anger arose as an important issue in the analysis of term three. It was explored in similar ways; a) as coming into the group from the outside, for example when the group came to represent a member's family, b) as arising from inside the group itself, for example, between members and members and the facilitator and c) as arising from inside the group but being held back until after group time. The two quotations below illustrate all these contexts;

a) Coming into the group from outside:

The group was experienced by one participant as being unable to allow her healthy expression of anger or it would reject her;

'The group is representative of other groups, for example the family and I'm angry with it. ..wanting to reject it but needing to be in it. Can it still be there if I'm absent or angry.. Can I say "go away I hate you" and still be accepted?'(Third interview)

b) Arising from inside the group:

'Anger has been present in the DMT Group - at me from another member because I could not respond in the session to what she said.. We did share it two days later because I realized I had to do something about feeling upset about it. Since, she has said it made her angry that I had not responded straight away. It was taking responsibility for how I affect others....There was no space in the group to explore that because it became linked to a relationship between her and another member.'

In the above comment it was possible to work with the projection. However, the next quotations indicate the group's inability to acknowledge, contain and work through anger with each other inside the DMT session time, as in term one.

c) Arising from inside the group but being 'held back':

'We have no space for exploring feelings of annoyance, irritation.'

'Once there was anger between us and it was dealt with privately, immediately after the session. It wasn't dealt with in the group because she did not respond to me but said afterwards that she had not understood.'

Although fear is apparent other members reflected a desire to work with anger in the

group itself, as can be seen from these respondents comments:

**'I want to see their anger, I want to see more of them.'**

**'I'd like the leader to be more directive, making clear there is space for conflict to be looked at or resolved. This is not clear to me as yet but I assume it to be so....Some of the anger in term two was explored at the beginning of term three but not in the DMT group, in the intensive week. I can't feel safe with exploring anger in the DMT group, this is disappointing. I want to explore the 'feeling' of anger not discuss it; explore how we can use it more; I think I'm scared of anger that's why I have not explored it but I would like some time on it.'**

Other comments indicate a slight development towards working with anger was more possible at times in this second term;

**'After the death of my grand father my relationship with my grandmother has changed; there is now pressure for me to get married and have children - I'm angry at that...The DMT session helped me to realize and let of some of the anger I felt with my father and his expectations of me.'**

It may be interesting to look at which issues caused anger in the group for example; being terribly careful of each other; absence of members, members' leaving the group; not feeling heard; or a feeling people avoided their own material by focusing on other member's problems. These quotations are examples:

**'It annoys me in a way - the pressure and anxiety - to do with everyone being terribly careful with each other which I collude with....but I feel it's sort of 'kid gloves' - annoying.'**

**'One group member.... we never knew whether she was going to be present or not; this was very hard, did not want her in the group ...felt raging.....I used the opportunity to deal with that anger. It was painful to expose the difficulties and frightening. Difficult to say to another group member "you have made me angry" in the group others were angry - it dominated the group; ...I thought I can't pretend it did not happen and got angry.'**

**'..to leave it [the DMT group] yesterday..I expressed physically rather than verbally my anger about that.'**

**'In the DMT group I got the words out but they were not taken up ...heard but not responded to..left me with anger, but got in touch with my own pain. A mirroring of S's death [a client's suicide]..people not listening/not doing anything. Unfinished**



business...couldn't get in touch with anger as a group, resistant; not developing in the group as yet. The door of my own anger is very tightly shut!

'I get irritated if people spend precious time responding to others; they are evading facing their own stuff.' (Third interview)

An interesting image given by one participant captures both the fear of 'ferocious' anger and the 'freezing' of isolation. It illustrates the need to be closer with others which is evident at this stage of the group development:

'The facilitator gave us a suggestion to become an animal - I had a memory of a TV film of a mother polar bear and her two cubs sliding down the snow slopes and making little noises 'Yee.ee.ee...!' Mother bear stretching and rolling deeply into her muscles - had been asleep in a hole in the snow, had to dig her way out for many months. I was the mother bear. I talked about my bear and others their animals and realized that they were talking about themselves. This was early in the term, near spring ....not necessarily coming out of darkness or sleep but feeling a new kind of moving, in touch with my movement and body...I became hungry ..got bored catching fish so went to human's dustbins - easier to eat leftovers than to capture fish. This disturbed me for polar bears are ferocious, not sure I'd like to be so. Cubs are to do with motherhood which I avoided, I'd like children but seems impractical while taking the course.' (Third interview)

Term four produced further evidence of anger as a major theme for this DMT group. This time, the evidence from the fourth term was more specific in referring to; the facilitator, 'It was about confronting my anger at the facilitator.' Another comment identified the facilitator as mother;

'I felt anger towards someone who lashed out furiously at the facilitator... don't destroy mother...!'

or fathers and mothers;

'There was common anger about fathers.. it gave me support to be angry..' and '...anger at my father who died...taking anger to personal therapy' and; 'I'm angry with my dad.....angry with the group member for leaving...'

Some comments illustrated it was not only fathers who participants felt angry with,

for example:

**'I'm angry with my mother.....feeling responsible for her.'**

**'I'm displacing anger onto outsiders, mum and dad.... and myself.'**

**Others were concerned with the loss of other group member(s);**

**'I had anger at another member.. feeling differently, opting out... not participating'.**

**'Anger at people who don't take the space in the group.'**

**'I'm angry with the member who left... directly linked to my practice about the work on anger.'**

**or the loss of the course leader.**

**'The course leader leaving caused a lot of anger..'**

**Despite fears of the destruction anger could cause to the group ('Anger could destroy.. do irreparable things... damage') it was also clear participants had a realisation that the group could accept and contain anger. Perhaps it now felt safe enough to really address anger inside the group.**

**Generally by this stage, term four, they felt able to focus on specific issues concerned with anger. When respondents say, for example; 'Aggression needs addressing in the group.'Or 'The last DMT group date....the confusion...the anger,' then it is clear anger is not only noticed but expressed over specific issues inside the group, rather than outside.**

**Although there was no sign of the theme of anger in term five it emerged again in term six, the final period of the DMT group. Perhaps term five was particularly difficult since the course leader's resignation had now taken effect, maybe the student group were feeling too unsafe because of this, reverting to treading carefully again. However in term six, interestingly, the authority figure of father is prevalent in relation to anger, as are those figures of the facilitator and a hypothetical male in the group. We can also see anger about the coming and going of members (absence and presence in the group) and about the lack of expression of anger which was seen to be due to the lack of facilitation. On this**

latter point perhaps the anger at the lack of expression of anger was concerned with the absence of its expression in term five. A lack perceived in the facilitator could also be attributed to the loss of a course leader (an authority/father figure) which they were currently experiencing since the institution had failed to find a replacement for the course leader. What is clear from this is that the group members were not able to be authentic but were placing responsibilities outside of themselves.

It is also possible that the research might have inhibited the full expression of anger at the end of the DMT group (term six) due to the fact that, being part of the research, participants would continue seeing each other. Normally at the end of a group it would be expected anger would be freely expressed as well as during the group. The comment here crystallises this idea:

'...I think in a way there is something really cosy about the group...in a way it has effected the anger of the group the fact that there is still some life around that particular group or else because of this research...' (Sixth interview)

Another participant commented that people joked a bit about the lack of expression of anger within the group, when they were outside the group, indicating some fear about expressing it with the whole group and the facilitator present. Others felt that if there had been a man in the group anger would have been more easily accessible, they felt the need to blame a male rather than upset each other it appears.

With reference to the facilitator, comments were concerned with expressing angry feelings towards her. It was acknowledged that this may have been due to the projection of their feelings about their own mother and was also linked to frustration with the management at work. It felt like a breakthrough for one member to be expressing the feelings of anger. This participant indicated that anger was less of an issue in the second year as issues were being dealt with more as they arose rather than being left as in the first year. Getting into difficult conflicts with the facilitator was felt to have been helpful and that the facilitator had in fact made this possible. The openness of other students was also felt to have contributed to the ability to deal with frustration as they arose which

enabled a safer feeling in the group to emerge in term six.

Only one participant commented on the fact that their feelings of lack of control over the time to end the group provoked angry feelings, particularly in relation to the college authority itself;

'therapy does not run on an academic year you know!.. I know there was a contract before I went into the group and there was not much choice about that contract.'

The lack of support for the expression of anger was criticised:

'.....not much support for getting in touch with anger and finding expression for it whether screaming or flinging something around or pushing however, what form it takes um.... I felt in a way I often ....um ...held back to actually doing this and maybe it would be different if there were men in the group, maybe anger would be easily accessed.... group more able to hold the anger.. '

Then again it was related to the continuation of contact with each other in the setting as though anger would contaminate their relationships with each other...'you have to go and have tea with these students afterwards..' However, as previously mentioned many therapy groups take place in hospitals or schools or day care settings where the clients see each other after the group for the rest of the day which in this way, at least, parallels the educational setting.

#### **LITTLE BO PEEP SHE LOST HER SHEEP**

During the third term feelings of anger linked to sadness and disappointment were apparent in relation to the issue of loss;

'I finally had a crying release in the DMT group.. felt exhausted ..couldn't grieve any more - sat in a corner and facilitator suggested I try doing small movements and see what happened to it.. a rocking movement and violent movements, directed inwards.. I wrote a poem and felt happier..worked in movement on dying and being reborn, alone.'

'I feel less close to people now.. disappointed,..'

'I shared my feelings of lack of support and pain in the group..expressed unhappiness with the group and dealt with it through the movement exercise [structure].'

'.. others get distressed saying goodbye..' (Third interview)

This can be seen as a precursor to the final ending of the DMT group at the end of the following year. The distance between people is disappointing for some and there is evidence of anger at this loss.

The fourth term produced further indications of profound feelings concerned with the theme of loss. Of particular interest are those surrounding the resignation of the course leader, the absence of group members, the loss of personal relationships, absent fathers, the imminent closure of the group, and a group member having left at the end of the previous term. The following quotations enlighten us to each of these particular losses;

'Lots of anger when the course leader left... a big issue for the group..' (Fourth interview)

'Losing the course leader... a big loss;'

'I was disappointed about the absence of members.'

'I was disappointed towards the end of term, ..things stopped.'

'Pain, bereavement, loss to do with my Father's death.'

'A relationship ended the pain of the past, sorrow, missing others, the absence of other members.'

Indeed, the loss of the course leader was mentioned frequently and caused anxiety for the most part of this fourth term, in sharp contrast to the minimal expression of anger over this particular loss (see page 34), which was to take place at the end of term four. By the time the fifth term arrived the DMT group experience was characterised by participants' further perceptions of the loss in reality of the course leader and initiating researcher from the DMT course itself.

Loss was a pervading issue in all the transcriptions during term five. Endings concerned the course leader's leaving, the closure of the DMT group together with participants finishing the course themselves at the end of the year, in July 1991, only one term away. Noticeable also was a sense of anxiety about the future and how they could practice without the support of a DMT group experience.

Participants' feelings around leaving the DMT group revolved around sorting out personal feelings; 'tending to the garden and counting leaves in the

garden and awaiting for the growth of the seeds that I planted,' (a comment from term five). It was important to extend their own living statement, a need to 'extend the seeds of my own individual life', a preparation for leaving the course.

The following comment from term five gives a feeling for this stage:

'.. how a baby sort of moves away from its mother and looks back to see that she is there and moves a bit further and comes back it is sort of to-ing and fro-ing a bit. We only have 8 sessions left feels like it's going to be very hard not to have that space. I worry, feel apprehensive about practising and not actually having DMT.... am currently involved in my psychotherapy - but work covered is quite different but work in DMT is in the learning, learning about my own process and development and about the clients' process, I'm learning in an experiential way. I feel quite worried about the prospect of possibly becoming a practitioner and not having DMT to myself.'

Part of the feeling appears to be concerned with giving up DMT for themselves and yet continuing to provide it for clients. Much of the loss was in their having to let go of learning from an experiential perspective. Other feelings were about the desire to retain the continuity of the group support. Comments illustrated that this was related to practice in that they were aware clients might feel similarly, and that, as therapists, they may need to guard against 'wanting to carry on with my DMT group'. However, for the profession, being a new and emerging one, there was an especially important loss referred to, that of vital professional contact and a place to share ideas. This was probably linked to the ending of the whole course and the resignation of the course leader with no replacement, rather than solely to the ending of DMT group. Members' own personal therapy (verbal) may have remained in place but they felt it just was not the same process as that offered by the DMT group experience. Then there was the loss of 'the nearly, almost, accepting mother [the facilitator]...':

'We will be missed. In the last session the goodbyes were all directed to us as clients but when the facilitator was leaving I was aware I felt I hadn't really said goodbye to her, the therapist copping out of goodbye. She does have to face it with us, individually us to her and her to us. There was a general goodbye but there was an empty space there'.

Fears of this emptiness and needing to 'fill the space up with something'

prevailed. Thoughts about courses for the future and even approaching the facilitator to continue the DMT group, were mentioned. And then, in relation to the loss of the course leader there were expressions of anger and feelings of resentment and abandonment, for example:

'I was very angry when the course leader left the course, very hard on us as we were a new group and had already lost one, and for her not to see us through which was the expectation, to leave prematurely is as big a loss...particularly in terms of our own education as dance movement therapists.. she has an enormous wealth of expertise at her fingertips and I started missing...I have a delayed reaction to loss - only when it comes do I actually feel loss...I find it difficult to get in touch with the feelings of loss.'

This was in keeping with the lack of anger expressed at the time of the course leader's actual resignation. Other comments reflected changes in their own work and other experiences of loss as they acknowledged the ending of the group.

'I feel my work has truly changed this term ... maybe due to preparing to leave the college.'

' I will be very sad when it finishes, it's a unique experience and very powerful, even if I do find another DMT group it wouldn't be the same..my separation from my mum related to course leader leaving, she was holding us together... lose mum and still be OK, I didn't say goodbye properly to her because I find endings so difficult. I'm not looking forward to the ending next term.'

' I don't want to focus on the future but on the pain of separating.'(Fifth interview)

Term six (interviews in July 1991) produced the final concerns over the issue of loss. It was recurrent during the final stage in the process of the DMT group, not least because the group terminated at this time, after two intensive years of weekly sessions. Bereavement phenomena were evident such as sadness and crying. Comments pointed to an acknowledgement of a delayed reaction to the ending. All this despite the fact that the group of people were going to meet again due to the research, indicating the loss was solely about the DMT group and/or the course as a whole, probably the two were inseparable linked at this stage. It is interesting to note there was a recognition of loss from their experience in the research process. This was concerned with transcriptions losing their meaning highlighted by participants at this time (see chapter five 'The

Wheels on the Bus Go Round and Round’). Anger was related to the course leader’s leaving rather than identified as being concerned specifically with the ending of the DMT group. It may have been that it was easier to project anger at this loss rather than the loss of the DMT group, although they would be remaining in some contact with her in the context of the research.

The ending was compared, by one participant, to the dramatherapy course in relation to their perceived intensity over their training group ending, in contrast to the lack of intensity the DMT group seemed to be feeling over its ending, in her perception. Others mentioned endings in relation to their current practice and how they had learned to be aware of the issues surrounding endings as a result of this one. One group member left abruptly due to a bereavement in her family, members became aware of this as a precursor to the DMT group’s ending. Participants felt sad due to having to re-form the group without her without the opportunity to say goodbye.

Some deterioration in aspects such as personal journal writing was evident at this stage. One of the case profile co-researchers said how she did not feel the importance of writing in her journal since the group was soon to finish. This may indicate a depression resulting in lack of motivation to continue the commitment to the personal investment. She and others commented that they did things differently in the last session, initiated by the facilitator, as an acknowledgement that the group was ending. Some comments indicated that people left before the end in some ways, perhaps the final group being perceived as ‘different’ and lack of journal writing symbolised this too.

The ambivalence of the group about the ending was further illustrated in the light of the confusion they felt because they were meeting up again anyway for the research. The research clearly had effects on the ending process for group members. Their wish to keep in touch was already gratified through the agreed design of the research. This comment captures the feeling of the loss not being fully experienced since a group life was still to be maintained by the research to some extent:

‘..there will be some life around this group until this time next year and maybe then the total loss of it will be found I think...’ (Sixth interview)



The question in the final term which related to this feeling of loss was concerned with a loss of opportunity. For example, one person was very aware that she had worked individually for the most part, and wished there had been more group contact on reflection. She wished she had done something more to bring this about. Another group member also felt that the group life had not been looked at much at all, nor how each individual 'held' parts of the group and the significance of that. She felt she too had evaded the phenomena of how she responded in groups.

During term four the fathers of three members' died. It is interesting that it is the parallel process of the course leader leaving which facilitated the grief work of group members. This issue became explicit work within the DMT group and may link to the unconsciously felt absence of any male member in this all female group.

By term six it was apparent that the fact that the group were all women brought out the issue of the lack of men in the DMT group. The deaths of the fathers in term three probably was also a precursor to this. The lack of male members had not been mentioned in the group as such but was an issue which was probed significantly in the research interviews. The work with fathers was possibly one way the DMT group compensated for the lack of men in the group. 'If there were a man in the group he would represent my father' was one response, seeing the group as representing the family again. Others did concede that one way of bringing men into the group was through the work on fathers. Another disclosure concerned a screen memory about being interfered with by the father or grandfather, the father's face emerged in the movement work.

#### **EXPERIENCING THE METHOD**

By term two we see the first references to the nature, facilitation and structure of the DMT group itself developing. On concern with its structure we find the notion of the importance of ritual in relation to the security or safety needs within the group. The latter is a recurrent theme later on, particularly in relation to confidentiality in the research process.

'The group has a repetitive format. We move as a group, there is interaction at the start or we go in partners then we're put in a patch alone, then there's discussion of common issues we all talk

of individually, for example, anger but we can't explore it together because of the structure, because of the reflection time [being] at the end, if it was in the middle there would be time to move again.' (Second interview)

Dissatisfactions in the way the group was set up and run by the facilitator were described such as the lack of work in a whole group as indicated, for example, in this comment;

'We are doing less as a whole group. I don't feel I always have to be with the group, moving together does happen but is less important.'

By term four we can see contrasting messages about the facilitator initiating connection between the group or encouraging a focus on one member.

'The facilitator initiated the circle and contact between members'.

'She focuses on one member, others notice their need'... (Fourth interview)

She was also experienced ~~at~~ talking only to individuals and not to the whole group in term four. It was also clear that the facilitator did not always notice when someone needed to be let alone rather than encouraged, and that the reflection time at the end interfered with the group exploration. The nature of confidentiality and the importance of the facilitator not sharing group information with assessing staff was noted:

'I can share more of myself because it feels safer to share when I know the facilitator won't say it to tutors who are in an educating role and who are assessing me in terms of a trainee dance movement therapist.' (Second interview)

By term three we can see more of the participants' concentration on the specific aims they perceive the DMT group to have (see chapter three, 'The DMT Group' for further details). For example, links are made with issues like the role of personal therapy in relation to the DMT group and the fact that it was group not individual therapy. There was reference to the issues surrounding a therapy group in an educational setting. The notion of whether it was legitimate to have a therapy group in a higher education course was something CNAA addressed at validation. In connection with this idea one participant said:

'I think it can't be totally a therapy group because it is something

that is within a college. It's about people's commitment to the course not the DMT group. More like a course module but for myself too....I don't think I've explored my commitment or views about the DMT group either, trying to get a view - what sort of group is this? Where does it fit into DMT and bodywork? - I don't know. I use it for myself, for example today I worked with a cushion in terms of a relationship, difficult feelings emerged and I thought should I be showing this in the group?' (Third interview)

She indicates here it was different from any other therapy group because of the context, that is, if you are on this course you have to attend the DMT group 'module'. This could be seen to mirror several settings such as prisons, secure units, day centres and schools clients attend therapy as mandatory if designated as part of their 'care plan' or 'activity'. There are many models of therapy taking place in settings other than health which do not aim at 'treatment' or the medical model per se. The comment above also draws our attention to the fact that the DMT group is for the individual, much as any psychotherapy 'training therapy' is for the individual trainee therapist as part of their course.

To return to the issue of commitment, (whether reluctance or resistance) referred to in the above quotation, this might relate to the idea of whether attendance at the DMT group should be voluntary or compulsory. The participants did not volunteer for the DMT group as would have been possible for them outside the context of the course. However, they were aware of the component (albeit not fully knowledgeable of the implications) prior to registering for the course, unlike some clients in other settings. They could volunteer for personal therapy, although as just pointed out normally other therapy trainees are required to enter personal therapy as a mandatory requirement of their training. Similarly in therapeutic communities or hospitals, for example, the patients/clients are expected to attend group or individual therapy as part of their treatment/rehabilitation plan, not all therapy is voluntary (Barber 1988).

Term four (November 1990) again shows a reference to the theme of the nature of the DMT group. A comment about the need for safety to work as a group was less interesting than that about a reticence to initiate working as a whole group for fear their individual experience in DMT would be forfeited. 'If we address group issues we won't get our DMT, it's so precious'. It is interesting

that they take responsibility for the lack of whole group experiences by this stage. It was felt they would sacrifice their own DMT experience for the group. So, in experiencing the method for this particular DMT group they felt a pressure to forfeit the group for individual needs (see earlier section). However, it is evident that lack of safety resulted in a dissatisfaction with the resistance to sharing. This is revealed by comments such as;

'Lots of potential but it doesn't happen that we use one another ... not safe enough so I don't make it happen;'

or;

'Asking for something from the group is very difficult.' (Fourth interview)

This last quotation links to the theme evident in term five - the taking of time and space in the group. It was not so much of an issue in term four, but by term five participants do begin to ask for time but with a sense that there may have been a rejection if they were to ask for too much.

It might have been less complex if it were individual DMT which took place in the setting, the spillage and self-disclosure/safety issues, for example, might have been avoided. This fear of spillage of inside (group) issues, to the outside world was again present in term four. Perhaps this was why there was a reluctance to work on group issues. The following quotation put it succinctly:

'If stuff between members came out in the group it might affect the work we do with colleagues during the rest of the day.. I hold back in the group because the real stuff between members could be traumatic'.

The sub-theme of conformity was also evident here, (it arose again in term five). 'The thought of breaking ranks from the group is frightening.' Daring to not conform, be different, was seen to be very scary at this stage in the life of the group. This links with the fear of expressing anger in term four. If they were to express this emotion they would be seen as breaking rank perhaps, and so risked the possibility that the fantasy of the group would breaking apart coming true.

Physical contact was mentioned in relation to helping members to feel connected to the group. The resignation of the course leader was seen to be a

'big' issue for the group, provoking a fragility and need for further dependency upon each other. This was indicated in the comment to follow, which may be a reflection of the need for more physical contact, the term 'leaning' not used purely a metaphor: '..it means we have to lean on each other more.' This participant continues to mention absence from the group in connection with safety:

' The group is a less safe place to take issues because it is not always present in its entirety, people don't look after the group,'

and in another comment;

'It should be compulsory to attend. It is important to have all present.'(Fourth interview)

The group again became symbolic of a family to some members in term four ...'the group relationships mirror the family and the role I have taken on in it.. ' In relation to this the idea of becoming more aware of helping others in the group, and the group itself emerged. For others the group became for them both the supporter and the helper as illustrated in the following comments:

'I realize it can be a whole group by itself which can help rather than the facilitator.'

'Links are made within the group themes.. looking more at others, I'm interested more in what others are doing and saying.'

'I'm more committed to the group in order to learn, sharing more openly and having the experience of helping others.'

'There's my reaching out to the group and them to me... the group is supportive, sympathetic, friendships are deepening.' (Fourth interview)

Other comments give the impression of an irritation with members' contribution, that they may have seemed over-demanding to others, perhaps a projected fear they may provoke anger or rejection from the group. For example:

'There is anxiety over how much time I take. I notice others are fidgety, an artificial group.' (Fourth interview)

Whereas when others speak of not being able to be as involved it may indicate a withdrawal into isolation again as was prevalent earlier in the group

life. It may be that the fear of anger led to such positions becoming adopted. These two quotations crystallise the notion of participants' feeling separate from the group in term four.

'I'm feeling guilty about not being able to be an active group member'.

'I feel less responsible for the group. I didn't feel part of the group, [I was] just there.' (Fourth interview)

## **SKIN TO SKIN CONTACT**

Term four, the term beginning the second year of the DMT group (fourth interview), sowed the seed for physical contact to become a major theme during the fifth term. In term four the expressed need for physical touch was a minor theme, but still present. Actions such as rocking, hugging, massage, pushing and pulling (and the resistance of pushing and pulling) were commented on as having taken place. Making contact in a physical way such as this or by simply bumping into someone was seen as positive for the group.

However, physical contact became a major one in term five, linked to the issue of space. It arose several times within the ambivalent message mentioned before of wishing to work together or individually.

Safety was needed and one way given of gaining this was needing to make more contact with group members. However it was clearly difficult to initiate this.

' Lots of times I felt I wanted to make contact but when I looked around in desperation and others were so involved in their own thing I thought - that is the best thing. I haven't done it, not really wanting to interrupt someone else's space.'

' I would have liked more contact with others, having a safe mum - to hold hands. I haven't felt secure at times in myself because the process for me is so big..perhaps I needed people a bit closer. I am afraid I would be rejected if I ask for that.' (Fifth interview)

Physical contact had been on-going for this case profile co-researcher, she comments on her lack of initiative in the area of physical contact, although there is a desire to use her body to obliterate the others in a good example of non-verbalised anger;

**'I don't initiate much contact in the DMT group although in the final session I wanted to roll over everyone and squash them. Difficult to have physical contact in the group. I go elsewhere to get that need met, do a lot of contact improvisation, feed elsewhere in a different group. I don't want to get it started.'**

In contrast to these examples one member said how much easier physical contact had been in the group in term five. Another story speaks of the contact experienced from another participant ('client') as positively supportive, in contrast to the intervention from the facilitator;

**'The facilitator prompted me to do something, I was absolutely furious with her,(laugh) you know I just felt how dare you, you know, the fact that I am here is enough and I don't need this, leave me alone, I felt very angry. Then another client actually initiated contact - it felt not like a demand, just two entities, very supportive. At that moment I felt quite unsupported by the facilitator but supported by the group and the space. I expected the support from the facilitator but didn't get it at the time.'** (Fifth interview)

Finally, the major theme of safety was connected to physical contact as is seen in this example:

**'I found the physical contact helped me feel safe and the message in it was 'I am here and I care about you'.. no demands, I didn't feel the group were focusing on me. One client came up which was a message 'I empathize with you' and then she went on her way.'** (Fifth interview)

In term six, the final period of the DMT group experience, the interview analysis showed the theme of sexuality finally emerging for the first time as important. Sexuality for participants was explored in terms of their own and their clients' sexuality (for example; child sexual abuse, heterosexuality and lesbianism). The hypothetical man was referred to as being able to supply a gender difference. The fact that two members made it clear about their lesbian sexual orientation at the beginning of the group brought up issues around physical contact and sexuality for the other members. For example:

**' That was an issue for me linked with the intimacy issues. Asking about my own sexuality and being unsure about it and if there was a man bringing sexuality and my response to that too. The fact that people had different sexual orientations. I think the intimacy in the**

group..well, I don't know.. I remember there was one group I was running and one of the things that came up in supervision [the supervisor] suggesting maybe was maybe my boundaries, that I was unsure of them ... my own sexual orientation ya.. (silence...) and maybe I'm fearful about that, and realizing for all of us we have a homosexual part.. about accepting ... not ... not fearful of it. New understandings having been in a cultural setting where homosexuals ....um... I have not had strong feelings about homosexuals...not being ..um.. people should not be practising homosexuality who are actually together.....and.. um...this was the first time I'd been with people who had actually said 'I am a lesbian' um... ya...'(Sixth interview)

Bodily movement were experienced as connected to participants' own sexuality and the difficulties in expressing this in the DMT group such as;

' When I was wiggling my hips one time, I became so... I was thinking no - this is sexual and I shouldn't be doing that in here at all but that is the constraint I have you know so it helped me when somebody else began talking about being self-conscious, to be aware of this.' (Sixth interview)

Perhaps there was more fear around the expression of physical contact as well as sexuality because of the sexual orientation of some participants. However, the issue was experienced as having raised an awareness for members' feelings about sexuality in a profound way.

When a participant referred to her experiences of childhood sexual abuse it became clearer how feelings were confused and worked through in the DMT group as a result of addressing the issue of sexuality. Intimacy was mentioned (assuming this referred to physical contact as well) in connection with sexuality, for example;

'I would always link it to intimacy if it went far enough and it became sexual.'

and:

'I was needing closeness not sexual intimacy so I see how I got these two caught up.'

By term six this notion had begun to be linked to practice; for example in the comment; 'It has given me more confidence in my work concerning...um...people's sexuality'.



In presenting this analysis of the themes over time connections were made between themes in order to make further sense of the way in which participants experienced the DMT group. What now follows is an account of one co-researchers' analysis of her own transcriptions which I have commented upon in the light of my analysis of the group experience as a whole.

#### **A CO-RESEARCHER'S ANALYSIS OF THEMES**

This participant was interested in sharing her ideas on possible themes from transcriptions over the two years. She read them all seven months after the end of the DMT group. Her documentation arrived six months later. For her there seemed to be two predominant themes concerned with: the space within the DMT group, and the DMT group session structure. She found the exercise thought provoking and was able to recall vividly the sensation of being in the group.

The following is a direct quotation from her analysis. She begins with the themes emerging from interview one.

'My first expectations of the DMT group were simply to experience being a client in a DMT group. I was aware that the college setting affects the group because we had to spend the whole day together, rather than just meeting for the session. Also, part of my interest was in observing how the therapist functioned, as an educational experience for myself which would concern me much less if I was in a group outside an educational setting'.

Note the emphasis on wishing to experience the client role (see theme four 'Becoming a Client' page 161 ) and method of facilitation in the DMT group, which had a particular interest for her because it was within the educational setting. Her awareness of the setting influencing the group process is clear even at this early stage.

'Already by the end of the group in the first term I saw the DMT group as the centre-point of the course. It reinforced other aspects of the course work - putting theory into personal practice as a client'. (First interview)

The central role of the DMT group in integrating theory and personal experience is illustrated in this theme.

'There is concern about not wanting to be part of the group or being unable to be supportive (possibly stemming from an innate

scepticism about therapy leading to an inability to take it totally seriously)'.

Here she perceives her own doubts about therapy inhibiting her ability to become fully engaged in the group. This is paralleled in my major theme of the individual and the group whereby in term one participants were working very much as individuals.

' I became aware of what I saw as the potential danger of the group becoming too much of a prop - taking issues to the group rather than dealing with them as they occur, therefore although the group is about (in one aspect) dealing with issues, it can also enable one to avoid them'.(First interview)

She appears concerned that outside issues brought by individuals could become overwhelming resulting in the group's own issues being avoided. In one of the major themes concerned with the use of personal material we saw a fear that the group became a 'prop' for individuals (see page 32). Moving on to her analysis of themes or the second term we can see further disappointments and fears emerging.

' It is evident that I was less positive about the group in the second term. As time had passed I had higher expectations about the depth of the group work which was not occurring. This made me more sceptical about the effectiveness of the group. I questioned the format of the sessions feeling that having verbal reflection at the end meant the outcome of the session was verbal rather than physical. Since it is a dance movement therapy group should not the reflection be re-embodied?' (Second interview)

Her criticism of the methodology of the group results in her becoming less positive in term two. She seemed disappointed at the lack of depth in the work.

' I expressed anxiety about breaking up the group by expressing my frustration about it. However my feelings seemed to concur with other people's desire to work more deeply as a group. Perhaps I perceived the group as more fragile, or myself as more powerful, than was so if I feared I could have this destructive effect'. (Second interview)

This is a perceptive comment about her fear of group fragility; which was noted in my own analysis at this stage as well. This may be linked to the fear of expressing anger in the group at this stage (see theme : . though 'The Ferocious

Polar Bears', page 179 ).

' I discussed the difficulty of leaving the session till in some turmoil and having to get on with the rest of the college day. Again felt that this might be helped by attending to altering the sessions format'.  
(Second interview)

This speaks of her need to change the method to enable her to feel more contained for the rest of her course day; again we saw this issue in my own analysis.

' Here I experienced personal confusion over the college DMT model and my own DMT group practice as my clients were so different the college model would not be appropriate yet I felt I should aspire towards it'.

A recognition of the approach offered in the training setting as being fundamentally different from one which she would see to be appropriate for her client group is laudable. Despite this, however, she feels a need to aspire to that model offered as though she has not yet fully acknowledged that the DMT group does not aim to be a model for her practice.

Similar to my analysis in her analysis of interview three she remarks on issues of space in the group leading to looking at the differences and/or advantages of personal therapy.

'A change in my expectations of the group is evident now. I was tired by other factors such as exams, or needing to put my energy into them. I seemed to want to give and take less from the group. Again I question the structure of the session. There is a wish for physical reflection at the end of it'. (Third interview)

She seemed to desire less from the group by now, at the end of year one. This has connections with the sub-theme of the theme 'The Live Experience: This is my Stuff not yours!', (page 127) where a move away from engagement with the group as a whole led to more individually focused work. Still wishing for a different methodology, however, she continues;

'I now seem to look at the group in the context of the college day and whether it provides a model for my own practice. I am learning about what its like to be in a group even if I don't actually use the session as a model for my own DMT group practice'. (Third interview)

It is now obvious she has begun to clarify the function of this DMT group, she recognises her learning can be based on her experience of being the DMT group [as client] rather than copying it as a model for her practice. Her final theme of the third interview is framed in comparing the end of the group for one year with the ending per se. She reflects on her lack of ability to express sadness at the end of year one.

'My attitude to the ending makes an interesting comparison to the final interview and my reaction to the end of the group forever. My attitude remained essentially the same but at the end of the second year I was much more able to express my sadness instead of just the positive feelings of new beginnings etc'. (Third interview)

A year on, at the end of term four, she has quite a difference in attitude. She speaks of being 'much more concerned with my own needs than with working as a group'.

'At this point I used the group in a way that I was previously afraid to do. Not moving and not conforming to convention and not concerned enough about the group's reaction to make myself move when I did not want to. I was still concerned with the presence and taking of space and learning about the difference between physical and emotional space'. (Fourth interview)

It is interesting to note she indicates confronting convention and conformity, by, for example, not moving. She says she is 'still' concerned with the notion of space although we have not seen this documented in prior themes in her analysis. It was, however, a major theme in my analysis as was the idea of responding to individual needs rather than the group's at this stage (see page 129). She then goes on to speak about 'the change needed in the session's structure to help resolve the space issue' which links to my theme of concerns over the nature/structure of the DMT group at this stage. Here it appears as though she wants a solution to be found to 'solve' the problem, rather than reflecting on her specific issues concerning the 'problem'.

The next theme she identifies revolves around the common notion that 'therapy is not real life'.

'Feelings about the artificiality of the group setting are reiterated. This stems from a feeling that it is a set situation and therefore not real life, yet knowing that paradoxically therapy works because it is

not 'real life', because it is artificial - the boundaries, the fact that people do listen etc, make it secure'.

By the penultimate term she is again referring to the DMT group as central to the course experience because of the stress of placement.

'I describe the DMT group as ' a pearl in the day' a creative and restorative time during a strenuous day due to being on placement'.  
(Fifth interview)

Another individual theme for her in term five was to do with her learning about the time therapy takes.

'I rediscovered my own dance at this stage, after the receding term's immobility. It took 18 months in DMT to have a profoundly significant experience so I learnt about the length of the process'.  
(Fifth interview)

Finally, she identified her focus returning to herself in relation to her imminent identity as a dance movement therapist with only one more term before the end of her training. This makes a connection with my own interpretation where it was evident that by this stage participants wished to become 'more of themselves'. The co-researcher comments;

'Again I seem to be less concerned with the workings of the group and more with myself, particularly with my identity as a dance movement therapist'.

Unfortunately the co-researcher was absent for interview six, however her analysis of interview seven outlines four themes namely the ending of the DMT group, support, safety and practice. These are developed below.

a) The ending of the DMT group

This appeared to have facilitated an acknowledgement of her feelings for the group, for example, her fondness of the members and the importance of the experience;

' My sadness was at the loss of the DMT group in particular as I was relieved that other aspects of the course, for example exams and essays were ending. I was also looking forward to leaving London. I felt that although we might all meet together again, it would not be the same as being in the DMT session. Thus I was keenly aware of that particular experience ending'. (Seventh interview)

**b) Group support**

She goes on to reflect on the quality of her friendship in the group which she had mentioned in previous interviews. They knew a lot of personal things about each other, yet knew much less about the more superficial things, which, she said, led to an intensity that perhaps lacked the camaraderie of friendships formed in other ways.

**c) Safety**

The recurring theme of safety in my analysis is also mentioned in hers. She speaks of its importance in enabling her to be herself and express deep emotions yet comments on the increased availability of 'space' for such expression within the group by this final term:

'I learnt that the group was a safe place to really be me and express deep emotions by the second year when trust was really established. However the question of space within the group was still an on-going concern even at this stage'. (Seventh interview)

**d) Practice**

Finally, she expresses her support for the experience of participating in the DMT group in relation to practice;

'I identify the great value of being in a DMT group as a personal validation of DMT - through personal experience which is so important to practice because it gives more than being just a theoretician'. (Seventh interview)

## **SUMMARY**

This summary refers to the themes discussed so far in both chapters seven and eight. The analysis of themes from years one and two of the research (interviews one to six) have some similarity and connections with each other.

First of all we have the paradox of whether the DMT group promotes the group or the individual. The tension between these are clearly illustrated by the comments about use of physical and verbal space. This is linked somewhat to the perceived need for more physical contact with each other in the group. There is some indication that this contact would not be forthcoming, and there was a hesitancy to initiate it, for a variety of reasons.

Leavings, loss and endings were significant. These focused on fathers, the

end of the work-practice group, the course leader's resignation and the imminent ending of the DMT group itself in term six. By this time, in particular, there was a feeling that they had not worked enough as a group nor emphasised the group life and how each individual held parts of it. The focus had been on the individual in the main, it was felt. Some responsibility for this was accepted by one of the participants whereas others laid it at the door of the facilitator.

It was clearly important to continue to come together after the ending to receive professional, personal and practical support. The fear that this might not happen was evident as was a recognition that they were denying the pain of separation by focusing on these fantasies.

Safety was a recurring common theme, the lack of it particularly concerning the expression of anger and confidentiality of the research process itself. The facilitator, physical contact, permission to take up more physical space and the freedom to be themselves were the main reasons for feeling there was an increase in safety over time. The data suggests they were eventually able to trust the facilitator and each other enough to express themselves uninhibitedly. This notion was supported by the co-researcher's analysis and interpretation of her transcriptions.

There were a great many issues raised concerning the relevance to practice. Some definitely felt their practice had changed by term six due to, for example, increased confidence in themselves and in their risk-taking. Criticism of the facilitation process was evident at times as well as the normal positive comments such as how the facilitator provided security for the group. Towards the end some participants identified with the facilitator whereby more speculation of how she might be feeling emerged.

A greater understanding that the DMT group was not 'the' model and that the course as a whole aimed to give a wide base of approach was evident from the data. This idea builds on that of the student as client. Both of these factors were evident by term five and could be said to be linked. It became clear towards the end that participants understood they were not going to get 'it' handed to them on a plate but that they needed to develop their own models of practice dependent on their client's level of functioning (just as the model of the DMT

group was based on their own level of functioning), the setting and their own beliefs and personality. An appreciation of the long term nature of the DMT process was apparent as was group support. By the final term participants realized the importance of the holding environment and that their change in practice paralleled the ending of the DMT group. Examples of the types of counter-transferences arising in practice were identified, i.e. personal material which could be worked through in the group. Skills developed from being in the role of client were seen as necessary for a therapist, skills such as the ability to empathise with others, or in decisions concerned with intervening or making contact. Finally, the ending of the DMT group reminded them of the loss they felt when their own practice DMT group finished.

The final section, which incorporated one co-researcher's analysis of her own interview transcriptions illustrated a mirroring of some themes which were present in my analysis of the DMT group experience as a whole.

Chapter nine follows with a focus on the seventh interview which was concerned solely with reflections on the DMT group experience in relation to co-researchers' current practice.



## **CHAPTER NINE**

### **IN THE FINAL ANALYSIS**

#### **INTRODUCTION**

The third phase of the research was concerned with a seventh, final, follow-up interview for each co-researcher six months after the ending of the DMT group. The aim was to discover what the experience meant in relation to participants current practice of DMT.

It was decided to devote a separate chapter to the analysis of this very different interview with the previous themes in mind for a variety of reasons.

- a) These interviews were conducted by myself
- b) The co-researchers were more articulate by this stage and had a greater reflective ability
- c) The data was probably better as a result of the above
- d) The interview focused solely on the question of how, if at all, the DMT group facilitated practice, was not on the current DMT group experience as this had ended
- e) I transcribed one of the interviews myself

The chapter documents five major themes together with six sub-themes which co-researchers related specifically to practice. The major themes were;

**Ending and Loss**  
**Own needs being met in the DMT group**  
**Anger**  
**Sexuality**  
**Rivalry and Jealousy**

#### **ENDING AND LOSS**

Not surprisingly this was the predominant theme at this stage. Despite the close bond the participants did not have much social contact outside the course. This was reported as being a contributory factor in accepting the ending of the DMT group. They would have liked more social contact it seems, although the research sessions were seen to be an important replacement for on-going contact together after the ending of the course. The group was experienced as very strong together, with a kind of solidarity. The realisation that it was the end prompted sadness both related to the loss of the regular contact with

each other and with the DMT group per se. One reflection noted that to have been part of a single gender group of all women, was a rare and treasured experience.

It was only after the actual end of the DMT group that participants were able to recognise what loss of the group meant to them.

'I felt a lot of support in the DMT group ...sense it wasn't perfect enough...things I didn't do well enough so there's a sense of dissatisfaction.. it would be scary to engage with another group at the moment.'

One comment pointed to the loss of intimacy as being central to her experience. Several gave the loss of a movement element in their life as important. This next comment captures the feeling of the loss of closeness:

'..the most striking thing was how much I liked this group, suddenly realised at the close.. it finally dawned on me I was very fond of this group. Nothing like people disappearing to admit it, to really sort of hit home...'

The realisation towards the end that they would no longer be together shortly made them wish to be together more, as illustrated by their gathering in the pub after the final group session, in the frequent comments about the importance of the research sessions and in sharing space for feedback to 'remind ourselves there were specific individuals in the group'.

It was also evident that ways of making up for the loss of the DMT group were being considered. For example setting up a DMT group along the same lines themselves or joining a similar DMT group, possibly with the same facilitator. With reference to the latter it was made clear that this was a manifestation of pining for 'lost mother'. One reported that she had received messages from two group members that they would really like to 'get in contact' which she had appreciated because at that time she 'needed support due to the loss of full time work and a personal relationship..'

Another comment described an ambivalence to being in the DMT group at all; 'sometimes I enjoyed it.. to be there and sometimes I'd rather be somewhere else, that is the truth about everyone'.

The loss of the reinforcement of DMT was expressed by one co-researcher, the

ending of the DMT group meant, for her, the end of her own experience of DMT which she felt was necessary whilst practising DMT in her work. The notion of moving and processing in a group was noticed now, when it had been lost, as having been of central importance. The fact that they were no longer being 'fed' led some to express anger about the ending of the DMT group.

Sadness was also expressed at those missed opportunities to have 'worked things through more'. In relation to this one comment illustrated that there was some blame attached to the facilitator for this, for not encouraging it more. This was in contrast to another comment by the same person 'the most important thing about the ending was that I gave feedback and they responded, particularly the facilitator.' It is evident that she felt satiated by this experience.

In relation to practice it was clear that this experience of ending their own DMT group had given them more awareness of endings in their practice: '..making the groups aware of the ending even though they can't express anything about it verbally..' (These were non-verbal clients). By being aware herself of the implications of the ending she ensured these clients had reasons for the ending and a space to, for example, say goodbye. She further commented that she felt at a loss if she did not do this, the consequences of not saying goodbye seem more for the therapist's needs than for the client's - to relieve her guilt feelings, she said. Clearly there is more work to be done on endings here. She also thought that awareness of the ending heightened the sense of loss. Awareness of the reason(s), she thought, made the loss more comprehensible rather than alleviating the loss. It is important to her that loss makes rational sense,

'..to just disappear...would give them a greater sense of loss...If no reason the clients lose trust. There needs to be a certain amount of trust left in tact in endings and in building trust and security in beginnings when setting up a new group this is important to remember.'

Another comment from a participant who had lost both parents and a boyfriend during the lifetime of the group substantiated this belief:

'My problem is letting go of things. I lose control if I let go. I have to build up trust and be prepared to take the risk of another loss because every finishing is a loss and I feel I couldn't take another one now..'

The statements acknowledge the starting of a group means an ending of the group. It is explicit that endings stimulate feelings of loss not only of the group, its members and facilitator but of past or current life losses. In terms of counter-transference the participant recognised the feelings of loss she was experiencing would be powerfully re-stimulated in her material around letting go of the group, this she felt would be problematic in setting up a group at this stage.

In relation to the above issue of trust and reasons for endings I am reminded here of my resignation. Management wished me to give a reason for leaving but were clear they did not want me to give the real one to students. This was my refusal to compromise any further as the principle of the reduction of course resources resulting in a restriction to the quality control of the teaching. The course was validated with specific resourcing arrangements. I was asked if instead I would give 'personal reasons' to the students such as wanting to spend more time with my family, which I did not feel able to comply with.

Therefore these students never had any explanation until well into the documentation of the thesis, when they read this chapter. Unfortunately, due to the timetable being taken out of my hands on the last day neither was there the opportunity for them to say goodbye to me or me to them on an individual basis, although en mass year one and year two had the chance to say goodbye. My guess is that their sense of loss when I left the course was heightened by the fact that no reason was given. Of course they were still in contact with me through the continuation of the research fieldwork which may have mitigated some of the feelings of loss.

By the time interview seven was undertaken, after six months, it was still felt by some co-researchers that the real quality of the loss was yet to come. They may have been referring to that which would be experienced upon the ending of the fieldwork for the research, the following July. Several comments alluded to the disappearance of everything at once heightening the loss of the DMT group. For some not only the loss of the course itself, the group and the members and facilitator but other endings in their personal and work life accentuated the feelings of loss.

In addition after the six month break one co-researcher spoke of feeling the pain of the loss more intensely than at the ending in the previous summer when she

experienced celebratory feelings;

'When writing Christmas cards on the train on the way here to the rest of the group and you [the interviewer, myself] who I'm going to be seeing today [her interview was followed by a de-briefing session with the research group]...had this feeling of pain came sort of welling up in me. There are endings around,...um..this ending after the actually the last day you know, ya..I mean ya..the ending of the DMT group was as I um..ending in a high I did not feel there was a sense of you know the losses intellectually was all around but the actual emotional response was um...was coming up feeling very very elated about the good experience of it being some sort of ya (cough) it sounds as if - a fulfilment and satisfaction and all the good things that had come out of it. It is what I have been and the creativity my creativity and being part of other people's creativity and the extent of the close relationship ..sense of really trusting each other and knowing each other. Being very fulfilled within the group context and feeling very triumphant that it had been such a positive experience as a group...and I think partly when emotions to my therapy group.. feeling received really..I could be more me.'

This co-researcher proceeded to reflect on the way she had denied the ending by going straight onto another course rather than giving herself time for reflection and how this behaviour was related to her struggles within her family of origin;

'..not giving myself space at the end, going on into another full time course ...staying active.. I thought no space was needed..the spacing was dysfunctional..and being angry at myself for this. Not in touch with my own rhythm ...about fear, fear truly..my ageing a bit, did some work on it in the DMT group - perhaps I could cope with death if I find I have lived, there is moving quickly onto something into a rave-up - fully - perhaps I don't know how to live?..as though the living dead in all this activity because there are sort of very..um..like this new course and um..there is a lot of stress it is very demanding stuff that I seem to have um..it is like the challenge I have to um..take this challenges which sort of half killed the oasis of [interruption on tape] and quite traumatic challenges and why do I have to live like that (silence and sigh) which is I mean early primary stuff finding struggling struggling to find it a place in the family of seven women and um..and actually and that thing sort of like climbing up a mountain to find my place and um...it is still going on'.

She went on to speak about how her difficulty with endings affected her subsequent beginning on her new course of study. Similarly in another co-researcher's experience of the ending she felt sad about the loss of the DMT group but felt 'ready to

go in a way' since she was looking to the future and moving out of London.

Alternatively, another co-researcher spoke of her ambivalence about the ending. On the one hand she was relieved that the course with all its struggles, such as getting onto it in the first place, was over. There had been some difficult issues for her to work through and she felt she needed a break from them, respite space. On the other hand she experienced the loss of the DMT group and its special space. She realised upon ending how much she had put into, and taken from, the group, and no longer had this sort of special time in her life. Her belief was contrary to an earlier comment in that she thought if she created this space again for herself that might be a way of finally letting go of the group. She also had experienced a joyousness, celebratory ending which she found very moving, whereby each person had the chance to say goodbye to the facilitator, whom she saw more as herself and less as a therapist at this point. It is also clear she could relate this experience to her own practice and how she deals with endings;

'..I saw less of her [the facilitator] professional role, and more of her as a person sharing in the pain of losing this group losing us...I don't know whether she did or whether that was just me, my boundaries were changing.. part of my transition that was partly the way I saw her in that transition [the final session] or whether that was actually happening, umm....but you know it was very moving to see her openly share her grief, and that was very important to witness that, see that..and brave as well. I realise that that's actually a very brave move to make as a therapist talking post course now, and actually when I'm finishing groups I tend to sort of block a bit you know I tend to..umm.. sort of cover up sometimes and put on more of a professional front as a way of not really getting in touch with my own pain about the group, then I'll work on it somewhere else but not in the group, there's a fear perhaps of some of those boundaries dropping um.. perhaps makes that happen, I don't know..but just thinking about seeing that happen now and the effect that had on me I realise the value of being honest with your feelings and just sharing your pain very openly to a group when its ending rather than making a possible false front. It showed me it was really OK to actually be there really present at the ending to not be one jump ahead or one behind but really to be in the present with the feelings that I had to communicate that at an appropriate moment with the group and its a way of giving them permission to also as a role model to release feelings because if that stuff doesn't come out in the group at the end then where does it go after that its going to get taken and splattered all over the place and the real power and the healing in the ending I think is bringing the pain of that ending

into that ending and dealing with it in that present space.'

She continued to relate ending to her private life saying she felt stronger in dealing with all the endings which happened around that time. She felt the DMT group was a unique learning situation which gave her an experience which helped her in other situations where ending were inevitable. She felt, unlike some of the others, that the DMT group ending was quite separate from the other course units ending. 'It had a different quality of ending..a feeling of really wanting to protect that ending and keep it separate from the rest of the course..wanting to preserve that quality.'

Awareness of the importance of endings was reflected in attitudes towards endings in their practice. For example one co-researcher commented that [her clients] knew the beginning and the end of a programme and she ensured they were very aware that there would be an ending, although they were non-vocalising children. She felt they did seem to know that it was an ending,

'the last session we had was different to the other sessions so they were aware of the ending by this even if they weren't perhaps able to necessarily express anything verbally they were expressing things non-verbally about it.'

This practitioner tried to ensure the clients had a space to say goodbye. It did not happen in one school and left her feeling at a loss so she went to each to say goodbye but it was not felt to be totally satisfactory because it was 'only in passing..' and '..they would be thinking of other things and everybody else is around..' She felt guilty she had let them down, not having provided them with the time for goodbyes as she said she would and was angry (presumably with the organisation). It can be concluded that saying goodbye/not saying goodbye has implications for the therapist and for the client as can be seen later on.

One co-researcher had a different ending of the DMT group in that she was absent for the final sessions due to a bereavement in her close family. Her reflection on this illustrated her profound awareness that she had a great desire to hang onto the DMT group as a reaction to this loss. Her comments seem to allude to an ambiguity of endings in relation to her practice. She says;

**'Endings aren't always clear cut so you have to tolerate the loss and lack of resolution sometimes.'**

**The personal loss of both her parents affected her practice in that she:**

**'..decided not to run a DMT group to give me time to get over the loss, I couldn't give it the safety, contain anything, differentiate my stuff from theirs, always tired, giving up phase, lethargy, sort of..passivity..I've recognised that there's always an interference - constant interruption but I realise I'm not capable just now of looking into the different levels. In my gut still too much pain down there.'**

**It is clear that she recognises the interface between personal and professional from this comment. Another group means another loss to her which would be too painful to experience just yet. In deciding to give the personal more time to heal she respects her clients needs for her to be there for them as a primary objective, although understands that there always will be interferences from her personal life in the work. It is also worth noting that she admits to the pain being too much, and locates it in her gut; perhaps there is a belief in operation here that to work as a therapist there is a pre-requisite of lack of pain at the physiological as well as at the psychological level. The question is posed however, in her comment, as to whether the therapist has a responsibility to consider whether she is fit to work and what are the yardsticks for this self assessment.**

**This co-researcher was also clear that after she had given herself time to heal she wished to undertake groups with a focus on grief. She felt that going through it as she had in the context of her training was the very best preparation she could have for running such groups. The neediness of this co-researcher became apparent as she spoke about her attempts at contact with the DMT group facilitator;**

**'I tried to contact her by sending her cards a couple of times then I realised it was loss of mother as well. I do miss her and the group very much. We trust her and I think it would take a little time before I trust another group leader..'**

**This is interesting in relation to an earlier comment (page 209) whereby trust would remain intact if reasons were given for the ending and goodbyes were provided for. This participant was absent for the goodbyes although she did have reasons given for the**



ending of the DMT group, although perhaps not for the deaths of those close to her. Obviously, if we take the previous commentator's belief system of the need for trust at endings for it to be present for new beginnings then this participant has little 'trust intact' to move on to begin a group (trusting the facilitator from the start) in a work or in a personal context. The consequences of her being unable to say goodbye in the context of the group setting (she did phone some members to say goodbye) at the actual time of its termination increased her sense of loss and her anxiety. We can see from this that saying/not saying goodbyes do have implications for both therapist (see previous example of practice) and client (as seen in this example from the ending of the DMT group). It is also possible that knowledge of the ending date may have heightened the sense of loss for this member, particularly if it was also known that goodbyes would be missed.

She does go on to speak about her needs for another DMT group and/or the facilitator/another group member as a way of avoiding the ending;

' I..would like to join a new DMT group or the [facilitator's] group again as a way of avoiding a total ending. If I joined a group where another DMT group member..then best not to be together because of the difficulties in realising we are ending otherwise,..and a sub-group.'

Finally she provides us with an insight into the fragility and uncertainty of life, her appreciation of missed opportunities and how her early life history influences her response to endings and loss;

'I learned from this fragmented, unfinished ending that in life there are constantly unexpected things that could be lurking so you plan but do not know whether you can, ..cannot be complacent about certain things so basically it is trust to do them..important things when think about them and not put them off, dealing with them then and there in three or four sessions because might not have another chance. It reminds me of my early life when parents would suddenly say we were leaving the country tomorrow, so it has happened to me before, changing schools .. I do take risks, don't go back into my shell and don't do anything because it could be finished anytime..'

One other interesting notion was of the research project affecting the ending of the DMT group. It was felt that its presence 'took away a little from the ending because we knew we would be meeting again...it was cushioned..the end..because we knew we'd be

able to salvage something..there would still be a connection. I do think about what it would have been like if it had been an end, curtains!' Perhaps members felt cheated of a real ending because of the research, on the other hand the on-going contact with each other and me was very much appreciated. This point illustrates the way research affects that which it purports to be studying. In a sense we studied an inquiry into a DMT group!

The aspect of their social life on the course was seen to be particularly difficult because of the structure and nature of the DMT group. It was harder to initiate individual relationships outside the DMT group; some felt the need for a structure to support this aspect - to balance, perhaps, that of the DMT group. Maybe this is another reason for the lack of contact between them apart from the research project. Similarly since the research fieldwork ended there have been very few contacts between individuals. It is as though the group only could live in the context of formal structures. Once these died the individuals could no longer make connections.

DMT practice was given a new meaning in relation to this. One co-researcher pointed out that although the life of her group might end the participants still had on-going relationships with each other because they either lived together or daily attended the same centre. So it ends for her completely but for them there is still a structure for their friendships to flourish within.

She went on to say that in this situation she felt as the therapist, that she held far more of the feelings of ending (grief in particular) than the group members did. She wondered if the DMT group facilitator might have felt this as their group went on in a sense with the research fieldwork de-briefings. Perhaps this was why she expressed her sadness openly in the group in the last session?

Another co-researcher spoke of the difficulty of being on the 'inside' of the DMT group and how in her practice too it was hard not to feel as the therapist she was on the outside. Her reflection on how she was in the DMT group seemingly mirrored in how she felt as a practitioner in the setting. She mentioned her sadness that she had not taken the opportunity to work through these 'outsider' feelings more in the DMT group. Her insight appears to indicate that for her working through this issue might have facilitated a greater sense of belonging to the setting (group) than she currently experienced. This feeling of

not belonging could have consequences for her practice as a therapist with that client group, such as feeling rejected, not taken seriously (which she did mention) or feeling abandoned by the group itself. How the therapist deals with the organisation and its responses to her as she comes into it to practice is crucial to running a successful group. For example, if she feels on the outside anyway, finding it difficult to belong, then any action on the organisation's part might be interpreted by her as rejection. If this remains unconscious it may get acted out in her facilitation of the group, by, for example, her becoming angry with the group, rejecting the group or clinging to the group inappropriately.

### **OWN NEEDS BEING MET IN THE DMT GROUP**

It was apparent from the analysis that participants felt that to be engaged in the DMT group required a high level of awareness of one's own needs and a certain determination to stick with these. The coming and going from two's into individual work and into the whole group was determined by members' own needs.

The experience of the DMT group was given by several co-researchers as providing them with the strength to set up their practice, for example;

'I needed the DMT group experience behind me in order to make decisions to go out on my own. To go freelance - needed to feel strong..um got this strength from the DMT group..support strength, particularly there at the ending.'

Others were more aware of the group's effect on their personal world summed up in this comment;

'The DMT group was like an archaeological dig with my body, it was my own psyche I was digging into through my movement experiences and it was just unearthing and err....recovering, recovering parts of me that were known to me on one level but weren't conscious, just becoming more whole. ..the um..fear of not knowing parts of yourself and being quite fearful of the sort of..err.. (sigh) the shadow, the shady bits, the dark bits that you haven't shed any light into, you haven't investigated, you haven't gone down into these caverns and shone a torch and seen what's in there (sigh) err..somehow going into some of those depths, into some of those caverns and shining a torch and having a good look and being horrified (laughs) and being quite terrorised as well at points but being in a situation where it was a contained space where I was being held and it was a

nurturing, loving, caring environment in which to make that exploration somehow..its..um .. alleviated a lot of the fear of the unknown because I know more, so I don't have any...you know.. I'm not saying I don't have any fear any more but I know I can overcome my fear around the unknown bits of myself. I can be comfortable with more of me, really and feel literally more at ease with myself, .... ummmm because I can recognise more things I don't feel they come as a surprise, they're not so shocking, I can understand my processes more, I can see...you know...almost anticipate my patterns and then I have more choice about changing them as well so its quite empowering as well being able to recognise things.'

Co-researchers were able, therefore, to articulate clearly at this stage, six months after the ending of the DMT group, just what the experience had been about for them. Their own needs for self exploration, identified in the pre-group questionnaire analysis were met in a primary way but the influence of this exploration on practice was also evident by the final interview.

'The DMT group enabled me to explore myself as a person and myself within the group and has certainly enabled me to be able to carry on and again it was something about discovering a kind of inner strength particularly having gone through a lot of loss that I needed to know that I had a kind of reserve and that if I got through all the pains that the bottom one was...I was OK and I was strong enough um...that..the group certainly helped with that.'

The implication here is of the need to develop an inner strength and of stages which have to be worked through to get to an appreciation that she was 'OK,' fundamentally. She goes on to enlarge on the concept of strength as being needed to individuate, break away from the personality of the group. In her work, however, she is aware that this may not be possible for individuals to ever reach since much of her groups are short term not long term as was the DMT group. She sees this as a limitation in her practice.

In relation to the DMT experience overall comments revolved around it providing a stronger sense of self, a classic aim for a therapy experience. For example;

'If I were to use one word to describe the whole experience it would be 'expanding'..really on all levels..umm...and just becoming more of who I am.'

This co-researcher indicates she has reclaimed more of herself, widened her capacities on several levels. When probed further about these levels she speaks of three levels;

'hold the emotion I have inside of me, on the physical level I expanded through moving in ways that maybe I never moved before, in having less moving experiences um..cognitively I made the connections and understood more about myself and of course relating it always to other people because in their development...witnessing their development and having more understanding of other individuals in the group, making the links, the inter-connectedness, and the common humanity you know.'

Despite the appreciation for the groupwork some comments revealed a reluctance to explore too much certain, particularly private, aspects. Reasons included not being ready to reveal these yet and requiring a one-to-one setting or a group of women meeting specifically about such issues. Clearly the DMT group had surfaced some pretty early, life-threatening material as captured in the following quotation;

'..what came up for me was a sense of some kind of abuse..it felt like the content of it could have been sexual, life-threatening and very pre-verbal, at an early stage, no words um just..um..a bodily reaction that kept surfacing when I least expected it and I had to pay attention to it um....I sit more easily with my past and in my present just as a result of having an understanding of what happened'

The awareness that such material was present, although not specifically worked with during the life of this group, did provide for thought in connection with co-researcher's practice. For example;

'I'm always aware that anybody that I'm working with especially women and especially young girls in special needs settings who are maybe pre-verbal, non-verbal or who have limited verbal skills who are quite vulnerable and um..err..may well have been exposed to levels of abuse whether it be sexual or physical and umm I think I always hold that in mind and I don't think I had it ..I mean I used to read about it and I was kind of aware of it generally but now it's more specific..'

The question of the need to 'take space' in the group was a common theme. Towards the end of the group it was seen to be beneficial to take this space as an individual, whereas earlier in its life it was perceived to be possibly harmful to others to

do so.

'I was more comfortable [in the last session for her] because I did not feel I needed to be pushed into showing what was going on with me or being forced into really or having to apologise after things like this...um and not having a bad conscience about um..having taken the space. [In the beginning] I felt why I'm just going to get everybody upset and that it should be ha..ha.. you know dance therapy and happiness, all the happiness..let's be happy..and um..and anyway I have got an issue for me as well because I know I have spent my life looking very happy and everybody knows me as 'Oh..she's alright and she is always happy and bubbly..'

She goes on to speak of how she has more recently been noticed by friends to be subdued, and she herself has felt able to be more vulnerable 'having the courage to not show only my positive side all the time..I am entitled to have different sides just as others do..I never imagined them to have and that was a very good experience for me. 'In changing her view of herself from pleasing others by being 'happy and bubbly' to having other more subdued parts she makes available to herself a different belief of the nature of dance therapy, that is that it is perhaps not all about being happy. This will have implications for her practice.

Yet another co-researcher commented upon her pathway towards authentic self expression rather than doing things to please others, such as the course staff.

'At the beginning of the second year my father died and that was that whole sort of experience you know I could not pretend not to be sort of grief stricken or whatever so in fact when you go through an experience like that everything is thrown into such black and white and I think that this experience actually really influenced my course-work as well I felt more able to take far greater risks. I mean when you have been through you know you have come face to face with death it sort of like well if you get lower grades in an essay it was just really speaking your mind and (laugh) so what you know does not matter it in a way you know so I think that became reflected in the group as well and that and also the group support. I suddenly realised they were not going to chuck me out they saw me crying a lot or you know I went through a whole phase of being very, very....inactive, kind of really hard to move at all and they were actually very supportive of that and so to find that how I was and how I could not help being was actually being supported and acknowledged'.

On reading the transcription the co-researcher clarified this 'what I really mean

is that all things being relative lower grades, mattered less than doing it my own way.'The 'doing it my own way' certainly connects with a later theme on the DMT group whereby the DMT group model of practice was explored in work-practice and found to be inappropriate for students' practice, thus leaving them to conclude that they were required to develop their own model, their own way of 'doing' and of 'being'. They were illustrating the safety they had felt to be themselves, in all their colours and shades. Here are two quotations illustrating this notion;

'..and other things came up very strongly (very low not clear) to be yourself in the DMT group, for it to come up more than last term, be more self confident..'

'..I realised that it is safe to be me and whatever and not to worry about being too polite or(laugh) things which I think I probably was at the beginning of the first year, but I think we all were, I mean you know we did not know each other we did not have that trust built up..beginning to talk about this. I think there is often a feeling of do or die kind of thing..but ..so ya..I think and perhaps it was what was happening to all of us and without consciously making it sort of a note of it or whatever or perhaps fighting each other to be more kind of themselves or perhaps more daring or whatever that has enabled all of us during that time um..because at the same time another member going through some of the things bereavement as well and I think that enabled a lot of people to start talking about their loss and of course the end of the group was sort of echoes of loss and things as well. I mean that was not the only theme going on through the group but it felt you know how one person's things starts resonating other people's things.'

'.. I worked on real issues for me of jealousy and rivalry and there is space (tape broken) I look at those issues as talking about them and working with them and working with them moving them so and finding that within that space if I could find my voice I could name these things been unacceptable for in the past year which for years I didn't even acknowledge and that I acknowledged them for myself.'

In addition, co-researchers were able to point out how this awareness of their own needs and motivations linked with their practice. For example, they were now conscious of how their own needs were being met in selecting a particular client population or issue to work with. The following comment illustrates this notion;

'It has made me realise this incredible link that makes it very important

to constantly watch out and see..um..what it is..I mean why do you run a group? What makes you pick a topic? As I was saying before, I am beginning grieving now because I know once I finish this I would be more...I am interested in it as well..um..but this whole aspect of why does one become a therapist and why does one pick a particular client group or particular topics and so forth? And this 'healer heal thyself' business is what..um..has it has made me a lot more aware of that..um..that I need to have the group ..it fulfils um..my needs as well not just the clients' needs..and to separate them it is um.. very complex I see like you are facilitating and you are above it all in some ways, but it is acting upon you..acting out your thing as well and at the end of it when you are analysing things, that is when you go through your process and um...it also makes me realise how important it is to do the analysis of the group at the end. In the workshop they had this shine in their eyes when suddenly after they had managed to be angry because they felt like 'Oh' or 'I should say I felt I felt..' that they had built the same sort of wall that I had built and for myself as well at the beginning of the [DMT] group I reckon..I wanted to help them to come out of that. Risk - they took a risk'.

It is clear that she believes in the task of the therapist as helper and the importance of the therapist's experience of her own process being connected to their work on particular issues or with specific groups. This confirms implicitly that the therapist needs to experience the issue herself before she can work it through within her practice. Because she has had this sort of experience she can pick it up rather than projecting it onto the group. The co-researcher goes on to say how the next workshop she runs will be different because she will have changed and have different needs, and acknowledges that it is a constant learning process.

It is also clear from the analysis that where needs in the DMT group were not met this too affected their practice, such as where sexuality had not been worked through, see later section on sexuality, or anger as in the following section.

## **ANGER**

As with the duration of the DMT group anger was again a common theme from interview seven. It was recognised as having been important to have worked with in relation to other relationships such as family, ex-partner and so on. Anger in relation to one another was more difficult to work through however. Reasons for this were given. For example, others might become upset, it might leak out - carry over - into different



aspects of the course. They felt particularly vulnerable in the context of the institution being such a small group so to show anger was very frightening. The context of a small group within a new, emerging course set them apart from other groups in the department or the institution at large. The fear of expressing anger to each other may have been concerned with it possibly breaking apart what was already seen to be a fragile, powerless group. Indeed the DMT course had very little political power within the department or organisation in terms of resources (only one full time member of staff and budget freezing then reduction) and later the course leader resigning with no replacement appointed (no one to fight for the course or hold it together). When a member of the group did release her anger however this felt empowering for others; activating them too in stamping, clapping, shouting and mock fighting. Because it was not directed at anyone in particular it could be contained. Shock ensued when a member expressed anger towards the facilitator, some members wanted to leap in and rescue/defend the 'mother-figure' from the onslaught. Perhaps it felt safer to express anger towards the facilitator and defend her than to express it to each other because they never encountered her in any other aspect of the course; it would not affect other relationships with her. Anger was also expressed as 'rebellion' against the facilitator's suggestions to individuals.

With reference to practice this experience of the inhibition and expression of anger enabled co-researchers to become aware of how to predict expression of anger in their groups. For example, one practice was in a residential setting. The co-researcher here commented upon how this very dependent and vulnerable group may find the expression of anger very difficult because 'they might feel it would jeopardise their friendships/relationships outside the group'. This is an excellent mirroring of how the DMT group reflected the practice situation, providing for an insight into the clients' world. In contrast to this notion the DMT group was seen to have been built up from nothing, all were new to the group, although the structure had been provided before their arrival. This is less frequent for a group in, say, a special needs setting where members are likely to know most of the other members beforehand. However, for a day hospital the structure could be similar with new referrals all forming one group unknown to each other prior to this. In this case, as with the DMT group, 'individual relationships would

have to build from nothing' as one co-researcher pointed out. Other practice groups would be 'open groups' whereby clients could be recruited and leave for the whole duration of the life of the group, making for a multiplicity of relationships to develop as members come and go. As a consequence of the structure of the DMT group co-researchers were able to 'learn about boundaries and the delicacy of relationships'. It was felt that a year further on they might have begun to get angry with each other and to recover the separate relationship with each other outside the group'.

Constructive comments concerning anger in the group included the notion that by firstly acknowledging anger and secondly experiencing the difficulties of expressing and working through anger gave them an awareness of the need to do this in their personal lives. As one co-researcher said 'The DMT group helped me to realise I had anger in me, I'd gone through life thinking anger was very naughty..'

The ending of the group, naturally, evoked anger in that it was no longer 'feeding them', not 'giving them anything any more' yet it appeared they were still 'hungry'. This was particularly noticeable in the final interview analysis when I was asking them about the DMT group, its ending and their practice. This stimulated feelings about loss of the DMT group and provoked some irritation as they became more aware of this loss;

' I suppose I feel a bit angry now as I am feeling a bit, well, here I am giving, you know, trying to give er....some stuff, trying to draw out some stuff in myself. But the ruddy old DMT group, what is it giving me...it is .....finished, you know, and it is not giving me anything so, so ..I am getting supervision so I don't feel..in my own therapy..'

Perhaps the irritation was around my asking for some thoughts/feelings about the DMT group, in which at this time they were no longer participating, evoked some resentment. One interpretation could be that the aims of the research were experienced as a re-stimulation in some way.

Women were seen by co-researchers to be particularly in need of learning to express their anger. One co-researcher gave a women's workshop on aggression not long after the ending of the DMT group;

'I saw people enjoy being 'bad' and going against the grain and saying 'no' although I was not capable of acting it in the group I was absent for

the next few sessions. Maybe if I'd carried on.. I was just ready for that work so running the workshop was very valuable for me...not a coincidence I arranged this in the summer after the end of the DMT group. I felt the workshop members did my work in some ways.'

It is possible that her need to work with the issue of anger in her life motivated her to set up the workshop. She does say she was unable to work with it in the group itself so this would indicate she had not done the work, becoming absent instead perhaps. This is a clear example of the way in which personal material can affect practice. Anger towards an aspect of the personality which was unacceptable as part of self image was also evident from this comment;

'There was a particular session where [the facilitator] pointed out that I must be feeling very vulnerable or something like that and to say that I think it is because whatever is in my personality prefers to be strong to being vulnerable and it takes me quite a long time to accept that being vulnerable is OK um...so I think it was kind of anger around that around having what I see..well ..well I don't know if I do see it as a weakness I actually see it as a strength now I think to show you are vulnerable is a strength but at the time I saw it as a weakness so there was someone confronting me with my weakness so I got (chuckle)..'

This co-researcher went on to show how the technique she experienced as confrontative, facilitated her in her later DMT work;

'I am just trying to think in practice and I think the closest really was that it was the lad the autistic lad who spent the first two sessions hiding that I acknowledged his hiding..what he was doing was building a box sort of square cushions and hiding inside them but he was leaving a gap so I kind of acknowledged his hiding by looking through the gap, by just poking my head through and then sort of leaving him to work his own way out um...which perhaps to some extent he may have perceived as being confrontation in the same way as I perceived having my vulnerability being verbalised as confrontational but he managed to get out of it and I feel that I have at least got part of the way towards sorting it out so that I think or perhaps it is um...sort of learning from that experience about using things like that quite gently so ..ya..confrontational type techniques but using them gently um...and giving the person space to sort of think about it and to be angry about it and then to work through that together.'

In experiencing the confrontation of her vulnerability in the DMT group and learning about her construct of strong versus weak, with the resulting anger, she

developed an acceptance of her vulnerability. In experiencing all of this then reflecting upon it she seemed to have learned technique. She then illustrated, in the second quotation, that she has an implicit theory too. That by the therapist gently confronting the client with hidden parts of themselves, and giving them space to reflect and get angry about this, facilitates a working through of the issue together. It is interesting to note this co-researcher's learning about anger and how she might apply her learning; 'I learned that anger can only come about if there is resistance in the environment..so in the next workshop I will be more conflict-provoking, take more risks'. Although she has perceived something here she appears to have jumped to a generalisation of how to facilitate, hypothetically, the expression of anger in her next workshop. It is as though her specific learning is the 'only' way anger can be worked with. This may prove to be a severe limitation on how she facilitates anger workshops. However, she goes on to say she would expect to notice the anger as it emerged in the group rather than noticing afterwards in her reflections.

'I will be able to watch the process of because it was not only my need I mean I looked at it from this side I have talked about it, I will have the confidence to take more risks..I really did not know where I was. I was so frightened of it until it was shared in the group situation.'

One co-researcher was unable to remember any anger and felt it was too late for its expression by her by the time the end of the group arrived. She was clear, however, that it was an early theme continued and all the way through '...some people in the first term suggested they were a bit angry and the gates were open..that was the theme for two years really, but not at the end..'

## **SEXUALITY**

'The DMT group helped me to understand the need to acknowledge and express sexuality as a starting point we all have, and aggression is another basic drive we all have..so they need to be acknowledged and expressed.'

Obviously this co-researcher felt she had been able to work with her sexuality and related her understanding to her practice as follows;

'In the schools I get passing comments in the staffroom like well if you could stop his masturbating it would be fine' so its about taking the

movements the kinds ..were making that had a masturbatory rhythm to find a different way of his being able to release rather than through masturbation in sessions. I think the children understood what I was doing in sessions. I did not have a problem with them masturbating.'

Another comment indicated that some people were aware of working with the issue of their own sexuality consistently throughout the group but in a private way, rather than in terms of how sexuality might affect the group. Although it was a huge issue for some for example in their work places they found it difficult to work with openly in the DMT group. Perhaps this was a direct mirroring of how difficult it was to speak about at, say, work.

It was admitted that the all-female group could have blocked the development of the group in certain directions. It was fantasised by one co-researcher that to have had a man might have introduced very different dynamics. One co-researcher interviewed at this follow up stage told me that her attitude towards her sexuality had really changed recently due to becoming pregnant.

Despite this the theme was mainly felt to have been 'conveniently skipped over' as one comment indicated. Co-researchers felt it had not really been worked with and wondered why this had been since there were two group members who had a lesbian orientation. The belief here is that if a group is not heterosexual then sexuality may be more overtly a theme. It seemed to be that there was a loss in not addressing it more head-on in the group, some thought it had been worked with privately, perhaps in members personal therapy. Reasons for it being important were given; the differing roles taken by the women in the group: mother; wife; those with boyfriends; those without children and wanting them; those without children and not wanting them; members being at different levels of awareness of their own sexuality; the political links of sexuality in our society; personal attitudes towards sexual orientation; upbringing. 'Although it came up several times it felt under-the-surface most of the time..didn't directly come up enough'. This quotation reflects the implication made by others that the surface material worked with was in some way linked to sexuality but the issue of sexuality itself was not directly worked through within the group as a whole. I got the impression this issue was

left unfinished and left co-researchers a little lost when dealing with it in their practice.

For example;

' It is something I would have to work through myself if I wanted to run a group that this would be an issue in..mixed group for example, up to now most of my groups are female - I had one male group and it did come up there just like in the DMT group it was under-the-surface but it was never addressed that was not the purpose of the group but of course it was always um...even though men were there..but sexuality in general, I was the only woman ..a male nurse and all male um...patients..so..um but it was not addressed, it was played with played around not really addressed. I think it would be quite important um...but it is something that I have to take. it matters..(not clear) (cough) because through the group....I know that I have a very old fashioned upbringing and Catholic convent school upbringing that I feel that I----- (blank tape).'

This co-researcher also understood how her own heterosexuality, desire for children and how this might not be possible due to ageing connected to the homosexuality issue;

'.. it links in with homosexuality because she [a group member] is a young woman and her..um (silence) I won't have any children, she's at a young age but she will not have children and um..... so it would have been something I would have liked to work through more.'

Although they were aware they were an all-women group they did not really mention this nor any specific effect it had on the themes evolving out of the group. The above comment implies some anger or envy towards the younger, lesbian group member. Perhaps some of the expressed anger in the group was a result of such underlying feelings being repressed.

## RIVALRY AND JEALOUSY

Rivalry was seen to have been worked with in some improvisations outside of the DMT group because it was too frightening to deal with in the group itself.

'It was rarely at an open confrontation with each other, killing others in improvisation, bows and arrows and things like that...(laugh) occurred in another session, not in the DMT group..could not handle it in the group..came out in childish behaviour because that sanctions it..very afraid of being chucked out of the group if you said 'you really pissed me off

today!'.a very feminine thing you must not ruffle surface..be terribly nice to each other...an acquired feminine condition not a trait.'

On reflecting on the issue of jealousy or rivalry in their practice this comment captures the feeling well:

'....no model on how to cope with jealousy, how a therapist copes with it. Quite hard because I learned not only about myself in the group but about the therapist as a model, when she stepped in and when she didn't, these sort of things. Um...but I think I would actually try and well without wanting to kind of interfere or whatever but perhaps as a possible intervention or whatever to encourage the group to sort of really deal with it.....because I think if you can be brave enough to be really honest usually it is never a disaster as you think it is going to be when you are very frank with people and there is also the feeling afterwards of like 'phew' I survived that situation and I have been really honest and learnt from that and they have. Usually people grow from situations like that and I think probably the reason why lots of people wind up in therapy is because of lack of honesty in their lives from other people towards them. um..so in leading a group I would go for it. I don't know if I would but um....as a sessional therapist it is not the people at the top who are envious of you it is the kind of OT's or whatever the people who are with their clients every day and because you go in for say a two hour session once a week I think there is a certain sort of novelty about your presence or whatever or you do very very different activity and it can look to someone who is perhaps a bit jaded in their work that the visiting therapist has all the star quality which you have not. I think that sort of thing is where there is envy I think sort of envious of you when people can be very destructive and not helpful in the group. I don't think what I learned in the DMT group as a kind of ability to be objective afterwards (laugh) to help objectify one's behaviour when we were actually behaving like that um..but afterwards you use the power of reflection and so I did..and all that has been set in motion..I acquired in the group all sorts of situations not just the rivalry one which enabled me to reflect at the end of a [practice] session perhaps..Oh yes ..or behaving like that and then trying to sort out a way I think of a way of kind of dealing with it you know through supervision. If I saw what looked like aggression I might come in it might be involved or remind me of what happened in our group and that might set..might make me think 'god oh yes that is rivalry.' Or it appeared to be rivalry rather than a desire to actually be say Mickey Mouse (laugh).It might be a clue'.

The related issue of jealousy came about between group members and was shared

which was keen to open it up, despite fears it would all 'get nasty'. Envy was concerned with other people's movement, for example not being able to 'move like her'. In their practice groups rivalry was felt to come about in, for instance, competing for the therapist's attention (or her hand in one case) or rivalry disguised as anger at times.

'In my practice I have been trying to show I can't sort of share myself around but doesn't mean..I lose any of the relationship with a particular child..it just means everybody gets a bit you know of other bits and ya... In the DMT group it was in a sense about sharing the therapist's attention. Towards the end there was a kind of acknowledgement that we were not going to be together for much longer so whilst we were together but I think we could share that space by not having sort of made the group connection and then gone away from it but it was to remind ourselves kind of being there and specific individuals were there within the group. In my practice I tend to run groups in different ways um..there has been a lot about all being together at the beginning of the session and then perhaps splitting off because umm.. of the nature of the children, I hope there has been enough staff to work on a one to one basis and then all come back together at the end to acknowledge the group in some kind of way, to acknowledge that the group is a group, one group at the end of the session.'

Some found jealousy of others difficult to get in touch with but members had spoken to them of their jealousy. For example,

'It was voiced to me that there was a feeling of jealousy towards me...a relief to me but quite shocking..it was less dangerous if it was talked about.'

In their practice one co-researcher pointed out she now realised how important it was to have such feelings out and worked with particularly if the group members were also meeting each other outside the therapy sessions. She said she found the techniques of using imagery helpful as a vehicle for members to explore unwanted, unclaimed or unknown parts of themselves;

'like in the DMT group when the facilitator suggested we each select and become an animal whereby I became this slimy, slithery lizard covered with warts and red eyes and a flicking long salivary green tongue. Safer to project my feelings into this foul creature than directly confronting the group..I got in contact with my envy '.



One co-researcher, who had moved to an area of the country where there were no other dance movement therapists, spoke of her envy of others in the profession; 'there are no others so no envy'.

### **SUB-THEMES IN LEARNING TO PRACTICE**

Several other points were raised in responding to how the DMT group had facilitated their learning about practice. These are grouped as the sub-themes of: continuity; movement and the body; the self limiting client or therapist; the criteria for going freelance; the experience of being a client; short-term versus long-term groups; and non-participation.

#### **Continuity**

This was seen to be crucial to the way practice was undertaken, for example the regularity of time and place for the DMT group helped the co-researcher to create a similar environment for their client population. One in which consistency was paramount.

#### **Movement and the body**

The nature of DMT means movement is part of the expectation, it is given permission in the same way as words. Learning about how to encourage movement without necessarily moving themselves was seen to be very valuable. It was acknowledged that in the DMT group they had arrived willing and ready to move so the facilitator did not have to encourage although it was noticeable that she had anxiety once or twice when trying to 'get us going and I was sort of thinking why did she do that, why couldn't she have left us?' The commentator in this quotation was aware of how she did have anxiety about getting members of her groups to move whilst not becoming too engaged in movement herself.

'I am a moving person and personal therapy tends to be talking. I don't think I would have necessarily made the connection in the same way about making the body connection ..and to take that and my body into a therapeutic setting and use that as a tool within the role of my work'.

Clearly the place of the body in both her personal and professional life is important and the DMT group was valued for providing her with this insight.

#### **The self-limiting client/therapist**

This was concerned with the notion of feeling being raised to consciousness but not worked with because the participant felt unable to break through her own limitations. In this way the co-researcher became aware of how she self-limited. 'I could have done more with that..'. In her practice she notices the client who does just this, but has yet to learn how to encourage this client to go beyond her perceived limitations.

The lack of encouragement she experienced in the DMT group seems to be directly related to how stuck she now feels when working with such clients. 'I feel quite limited myself with her [the client].'

### **Criteria to going freelance**

One co-researcher felt she had discovered she was 'OK' and had confidence and a belief in what she was doing as a result of the DMT group experience. This led her to being able to make the decision that she could go freelance as a practitioner.

'If I hadn't had that experience I wouldn't be now able to go into practice and support people who are going through similar problems...dodgy to say I have worked through..because I feel you never kind of get to the end..it is always a process so having got along the line of the process of working through ...stressing the importance of allowing people to acknowledge that those feelings are there but also the support necessary to do this and to express them..'

She felt able to sell DMT to others who had never heard of it from a direct experience as well as from other learning. The recognition that it seemed to work for her reinforced that it was 'OK' too and that it was 'right for her'.

She went on to speak about how she worked with groups and supports staff. For her support she has a network of friends, undertook supervision, and gave herself space to move. The latter, she told me, was in order to access bits of herself that she needed to check were still there, for example, that she was strong, vulnerable, and open enough to the people she was working with so they too could choose to express these sides to themselves.

Further important learning, which added to her criteria to 'go it alone', was that the DMT group had; emphasized the process parts of a therapy group to her starting with its need to establish itself as a group and; provided her with experience of the kind of

processes involved such as what the issues were and so on. She felt it was concerned in the main, with the 'totality of what the person and the group experiences are at the time'. Armed with this understanding she felt able to set up and run groups as a freelancer.

#### **The experience of being a client**

This was clearly very valuable for participants in providing them with a strong sense that DMT was the right profession for themselves.

'..although I have not got to know all that there is about the personal experience of DMT. A different group would mean a different experience but because that element was in the course it really feels like that I know it is really what I want to do. I believe in its value because I have personally been through it. It would feel like I still lacked something if I said I can set up a group that I know about DMT because I've read all the theory books but I really don't know what it is like to be a client in a dance movement therapy group and because that is so different...I mean I know people in DMT are in personal therapy, but it is the DMT that is important, I mean obviously you know analysis or psychotherapy its going to influence your practice as well and that way of thinking the influence of that experience is.. is very valuable but if you are going to work as a dance movement therapist you have to go through that experience as a client. After all a mechanic mends his own car (laugh) so its sort of crucial to me. Otherwise you are kind of perhaps going to end up as a 'Dellboy' Trotter the dodgy salesman marketeer, trader, entrepreneur of hookey goods, you know (laughs) promising the delights... you can't actually guarantee ..so having been through the process you can believe in it in its guarantee aspect. Well I cannot guarantee that it is going to be this hopeful thing you know that it is really going to change your life or whatever, but I think I could guarantee that it is going to be hard work and things like that you know the pros and cons of my experience, that does not mean my clients will have the same experience as me but that it can be very valuable and knowing it from inside of a person rather than saying well you know because the name Elaine Siegal [a DMT author] said so (laugh) it must be'.

The internalisation of this experience of being a DMT client in the DMT group is summed up in this quotation;

'The best thing was that it activated the journey which I will be on for the rest of my life - wanting to enable other people, to facilitate some process for them. Not a week goes by without me being transported back to the group, I feel I carry the group with me'.

## **Short-term versus long-term groups**

One co-researcher developed the notion of short versus long term and open-ended as opposed to closed-ended groups. The DMT group was a long-term, closed group experience. In their practice however most set up short-term, closed ended groups. This co-researcher felt the short-term groups she set up never got to the stage where the group was strong enough for the individual to feel s/he could individuate and break away from the group, like the process she felt she had engaged in during the DMT group.

'The DMT group gave us the space to explore ourselves as a group and to actually form as a group and then be aware that we worked as a group but to become more of an individual within the group. Last term was a culmination of being part of the group that enabled me to find my individual strength.'

The concept is one of an aim for individuation and that there are stages which a group goes through that enable an individual to undertake such a process. She continues;

'....I wonder how long they [the client group] need as a group to be strong enough - my clients, given the nature of my groups? But when I'm asked people have limitations on funding, on space etc so we can't always have open-ended groups.'

## **Non-Participation**

'In one session I felt more in the group, not quite bolshy exactly but 'this is where I want to go from here to A to B to C to D and you can lump it if you like..this is who I am' I think the facilitator reflected that back which made me notice it more. In my practice I'm more aware when people are definite, more or less, and when I am more or less confident about a session, even though it hasn't been a good session but I still feel good about it. To look out for an atmosphere of people getting on with their own things, not necessarily doing the same things together but getting on with doing their own different things. They are all working but its very hard to see the whole group...what I'm still struggling with in my mind, in the group I run..'

Perhaps being unable to see the whole group is because they rarely worked as a whole in the DMT group. One co-researcher recognised with some anger and sadness that because she felt the DMT group had not worked enough together as a whole group (disclosed in a previous statement) she too was now struggling with seeing the whole

group in her practice. However, she had felt the whole group at the beginning of the experience. Later, when this feeling disappeared she felt unable to change it, 'I thought well..this is the way it is..bit of a shame, you know but I couldn't change it'. Another co-researcher commented on this aspect;

'I remember thinking once 'are we ever going to work as a group?' because I had this image that groupwork was about doing things together. What we did was do a lot of ..um..individual work in the group..then coming together at the end to reflect..I got frustrated I wanted to put responsibility onto the facilitator not on myself, to facilitate more group interaction. There was a bit of that.'

Although the facilitator did conduct some groupwork in her practice she was not trained in group analysis nor supervised by someone trained in group approaches. There was no one available and qualified in this aspect to facilitate the group in such a way at this time however.

A reason for this lack of group interaction was speculated by participants. The members might have been frightened of getting too deeply involved with one another so they all tended to opt for individual work. Some wanted more contact than others. There were moments when there was pleasurable group contact although it was when 'others initiated it on their terms, when they wanted it'. In this way members had control about the contact. When the facilitator did structure a directive session apparently there was resentment about some members not participating or expressing their anger, 'I've got my own stuff to work on and this is my space and I've decided what I'm going to work on and I'm not going to do that! [participate in the structure].'

It was proposed that non-participation was the voice of wanting to join but in a different way. Perhaps they learned that moving together as a whole group was not necessary. Not wishing to join was seen as 'not necessarily where the member wants to be but rather that's where they don't want to be and so to provide much flexibility in the structure is helpful to these members..'

'It was a real learning for me to go against the whole group, and the facilitator...I wonder whether she did it on purpose..a structure to push against mother rather than to be pleasing, pliable? I would use such structures that way in my groups'.

'If I ran a group for high functioning adults I'd want to use the free model presented in the DMT group. I think the freedom came over time, the first term was more structured because people have to learn they can take their space..so um..they need to become aware of this first. I would make it clear to them they don't have to move with others and that I'm not going to tell them what to do or how to move. But if they have never danced, have no vocabulary what do they do? I s'pose that comes in establishing expectations of the group..to give a directive warm up might be helpful and coming together at the end which facilitates talking.'

In this above comment it is noted that there is a process of learning to be undertaken in order to 'not participate' in structures or all moving together, at the same time, although there was some of this at the end of sessions. It is also apparent that she has thought about how participation in structures might be essential for some client populations who may have a limited movement vocabulary or who need encouragement for talking together. However this commentator also alluded to members being present for anyone in distress needing the whole group support, if appropriate, which is contrary to the 'do my own thing' notion.

Finally it is worth noting that the interview itself was seen to have been a fruitful experience, in one co-researcher's terms 'harvesting the experience of learning'.

## **SUMMARY**

This chapter described the analysis of interview seven which specifically concerned themes in relation to practice in DMT at a six month follow-up point. In the final chapter to follow the major conclusions are made together with recommendations for curriculum design in DMT.

## CHAPTER TEN

### **THE EMERGING DANCE MOVEMENT THERAPIST**

*'For merely looking at an object cannot be of any use to us. All looking goes into observing, all observing into reflecting, all reflecting into connecting, and so one can say with every attentive look we cast into the world we are already theorising.'* Goethe

#### **INTRODUCTION**

This final chapter draws together the major findings from the research presented in chapters six, seven, eight and nine in terms of the evolution for the emerging dance movement therapist together with the nature of the DMT group, suggestions for curriculum design and recommendations concerning methodology and future research ideas. A major section summarises the evolution of the trainee in dance movement therapy and in terms of themes linked to practice. Another major part of the material presented concerns advice, based on the themes and other phenomena which emerged from the research evidence, offered to those designing curricula for trainees in dance movement therapy as well as those course developers in psychotherapy and the arts therapies generally. The evolution of the trainee in DMT is presented in summary form. Finally, thoughts are proposed on methodology and research for the future.

The question asked in chapter one was 'is it essential that the trainee dance movement therapist experiences a long-term DMT group for both their learning whilst in training and for eventual practice as dance movement therapists?'. This question goes beyond that of, say, Connor (1986) who found self-awareness and counsellor self-confidence are not synonymous but that the awareness may indeed lead to a decrease in perceived ability to practice. More recently Izzard and Wheeler (1995) reported on the methodological difficulties of examining the provision of personal development groups and the way they might enhance the development of student self-awareness. This research went some way towards addressing such difficulties. Training courses may be required to be clearer about what they teach students, why and how competencies are assessed in the light of recent debates on standards.

The methodology and findings from this research study may be useful to others researching curriculum in higher education; other courses in DMT, the arts therapies, counselling and psychotherapy and students from these fields in training.

From the literature (and the international survey data) it appears group therapy components of training programmes have, in the main, been evaluated by students in the form of general course evaluations. There does not seem to be any trainee evaluations of the experience linked to practice nor a case study on the value of such an experience for students. Some aspects of the themes found in this research do support findings in a study by Aveline (1986) which refers to the notion of giving and not receiving (for example, loss/anger); professional rivalries (for example, rivalry/jealousy); support through personal crisis (for example, bereavement/loss); help with career decisions (such as going freelance) and fear of self-disclosure (for example, 'Object Relations'). Similarly this research confirms findings in a study reported by Small and Manthei (1988) which illustrated that encouraging members to objectify group experiences orally and in writing in post-session evaluations was an important contribution to the effectiveness of the group. The evidence in the current study points to the research process itself (interviews and journals) facilitating further evaluation at each stage to such an extent that co-researchers recommended interviews focusing on integrating the group experience with practice be built into the design of a future course. The current research therefore looked beyond other studies in that it was concerned both with trainee's perceptions of the DMT group experience and specifically linked to practice.

In an associated study Burlingame et al (1989) found that the more intensively a therapist is trained the better the outcomes in time limited therapy no matter how experienced the therapist. It could be argued that the DMT training provided on the course studied for this research was more intensive because of the nature of the DMT group and the opportunities for reflection. Certainly the co-researchers appeared to think this.

In chapter four the primary aim of the research was stated as 'to explore the student dance movement therapists' experience of the DMT group in training and in practice'. This aim has been achieved, although another time it might have been better



to pay more attention to follow-up, perhaps three interviews over 18 months to emphasise the practice a bit more. Subsidiary aims are recalled and evaluated below.

**To identify a range of competences that a trainee could expect, as learning outcomes, from a therapy group which was part of a training course for arts or psycho therapists in higher education.**

It appears the evidence does give an indication of the type of competences which students might be expected to have achieved. For example, reflective skills, models for practice, self-awareness, communication of empathy and so on.

**To facilitate research participants to have opportunities to have monitored and evaluated their learning from the DMT group in ways which would contribute to; a) their course experience as a whole, and b) their eventual practice as dance movement therapists.**

Clearly the study accomplished this aim in the ways identified in the themes. Co-researchers found the research valuable in enriching their experience of the course as a whole and supportive of their eventual practice.

**To explore, methodologically, the nature of collaborative inquiry, specifically in DMT research.**

The study provided the opportunity to explore collaborative inquiry. Outcomes included that the collaborative model may need to address status differences at the outset and that interdependence, authority and responsibility are also important phenomena in the process.

**To provide a design for other training courses in the fields of dance movement therapy, the arts therapies and counselling/psychotherapy.**

Using the evidence from the study, suggestions for curriculum design were able to be made.

**To develop a model for the evaluation of therapy training courses in higher education.**

I do not think that this has been feasible given the evidence. However, I do wish to acknowledge that there were findings which can be thought about when designing a training. These are documented later in this chapter.

## **THE EVOLUTION OF THE TRAINEE DANCE MOVEMENT THERAPIST**

The following section outlines the themes from the first six sets of interviews and represents them as six discrete stages overall.

The first phase of the training was concerned with the student being untrained in dance movement therapy. Despite this lack of training the first year did require students lead a dance movement therapy group so they were engaged in enabling others to grow and develop. Though they had little training at this stage, students would have been able to use their life experience and the experience of the DMT group to some extent. By using what they knew of their own individual development as a person they could fulfil the task as a workshop leader in this early stage of the process towards becoming a dance movement therapist. The experiences from the DMT group at the beginning of year one were predominantly concerned with safety, dependency, wanting space versus not wanting space, the facilitator as a role model, and fears about the relationship of the group to their peers, life outside and the course. Co-researchers did not seem to be aware of the motivational factors in their own life affecting their aspirations to become a therapist at this early stage. However later in the year we saw some seeking personal therapy and more sharing of personal movement. They had concerns over the structure of the group as defined by the facilitator and began to express anger. By the third stage (the end of year one) safety was less important although there were some issues about boundaries (particularly time and space). For the first time specific links with practice were made. Anger continued to be expressed, individual work appeared to be emphasised more now, and loss/sadness and disappointment were present together with a questioning of the aims of the DMT group.

By the beginning of the second year anger was still present but this time accompanied by loss, due mainly to the course leader's resignation but also because of the loss of a group member, disappointment with the facilitator and mothers and fathers. Personal therapy was again sought and safety re-emerged as a factor of concern. We saw an interest in group versus individual needs whereby there was a reluctance to work as, or conform to, the group. The facilitator was criticised for being too directive but this was the last time she was mentioned. Some members' loss of their fathers through death may

have been linked to the fear of destruction evident at this mid-way point.

In <sup>the</sup>penultimate stage physical contact was more evident together with the taking/not taking of space again. The latter theme continued right through to the end of the group, perhaps as a way to hold the group together in the light of the ending (the destruction detected at an earlier stage). Anger was less prevalent at this time replaced by the theme of loss perhaps and strongly linked to their DMT group practice, for example in the ending of this DMT group - clients would continue to have DMT whereas students would not. Concern for life after the group ended was apparent by now and feelings of abandonment, resentment and need for support afterwards were equally evident. Safety (which seemed threatened by absence, for example that of the course leader) was again present at this stage and continued through to the end as an issue for the group.

During the final stage clearly anger and safety continued to preoccupy the group. In particular these related to the course leader's resignation, the deaths of fathers and group member's absences which were all worked through. Sexuality was addressed somewhat and the notion of the individual versus the group was re-visited at this stage. Both these themes were directly linked by co-researchers to their practice. Sadness or loss are not overtly addressed but taking/not taking space was still present. Perhaps this was a symbolic way of dealing with the absence/presence issue of the group ending.

#### **Summary of Themes Over Time:**

Exploration of both the facilitator and client roles (themes 'In search of a facilitator' and 'Becoming a client') were a constant theme throughout the duration of the DMT group. Co-researchers were constantly aware of the DMT group's structure and aims, their needs for space or rejection of it as well as the discrete and differing roles of client and facilitator in the group. Within the role of client co-researchers made personal links to anger in the first stage and to loss in the fifth stage followed by anger again in the final stage. It can be concluded from this the importance of the trainee entering into the client role as crucial for such themes to be raised sufficiently in the group process. In addition it might be said that without the facilitator being in a separate role from the other staff this may have been less possible. Themes were not linked to practice at the

early stage since participants in the role of the client were unable to make the leap yet into the professional practitioner role whilst reflecting on their group for the research.

The second constant theme throughout was that termed 'Object Relations'. The relationship of the DMT group to other course units, peers and external events was linked to practice and loss in stages three, four and five. It is interesting that this theme was linked to practice more readily. Perhaps the external events and relationships with peers could be more easily related to the practice work setting during the middle phase of the experience due to an increased identification with their clients as they began work-practice as a dance movement therapist. The importance of peers and external issues surrounding and influencing the group experience should not be underestimated as a further avenue for learning.

The theme of safety was only interrupted once in the third stage of the group experience, otherwise it emerged as an on-going theme. We can conclude therefore that issue was crucial in providing for the trainee to become aware of the need for safety particularly at the beginning and ending stages of a group.

Anger emerged from stage two and only disappeared for a short while in stage five. Obviously anger was an issue that required attention for the most part. It may be wise to note this and plan for course curriculum to address the implications of such an emotion in the therapeutic alliance.

Loss was a prevalent theme from the third stage. It was missing at the beginning and the end. From the evidence of the research this would be another important theme for course curriculum planners to address, that is, the implications of loss and bereavement processes during the middle to end stages of the training. During the fourth stage of the experience the loss of the course leader was a major theme. Indeed it could have overtaken 'experiencing links to practice' as a priority for reflection. However, issues surrounding the role of the client, safety and facilitation models were claimed at this stage to be important reflections on practice.

Finally, the themes of physical contact and sexuality were raised from the third stage onwards but addressed particularly during the final stage. It may be concluded that, as in many groups, the most crucial and frightening topic was left to the last. Curriculum

designers may need to be vigilant in leaving time at the end of the course to allow reflection on this notion and how it might be worked with in practice.

### **Relationship of the experience to practice:**

Chapter nine documents links to practice in detail. The following presents a summary of themes co-researchers linked to practice over time.

In general, links to practice were made in all but the fourth and sixth stages. Perhaps the other more personal/group issues were seen to be more important at these times. It may be that to try to make links with practice during the beginning of year two and the final stage of the course is less appropriate and anyway too late since much more use can be made of such links earlier it appears.

Firstly, endings and loss were reported as significantly having affected practice. It was not until after the ending of the group that sadness at the loss was experienced. Participants at this point seemed to wish they had had more social times; they missed the intimacy, movement and regular contact with the all-women group in particular. It was only recognised at the six month period what the end of the group truly meant. They recollected how they had all come together more as a group as the ending neared. They remembered they felt a need to 'fill the gap;' (as a way of denying the ending perhaps) by joining another DMT group. Some anger was felt at 'not being fed any more' as well as not having been given reasons for the course leader leaving. It appeared there was some acknowledgement of the interface between the personal and the professional. For example the endings co-researchers facilitated for their own groups included goodbyes, giving reasons for ending, celebrations, acknowledgement of sadness at the missed opportunities, the importance of knowing the ending date at the beginning but the fact that endings, like death, were not always so clear cut.

Co-researchers thought it important to stick with their own needs for self exploration and to develop an inner strength for individuation from the group. This understanding together with an awareness that deeper issues took longer to explore contributed to their work with clients. It was recognised that both the 'happy' and the 'subdued' sides could be valued, thereby helping clients to feel able to express both sides too. Connected to this was an awareness that if, for example, anger or sexuality had not

been met in oneself then it could well influence effective practice.

With reference to anger co-researchers' rebellion against the facilitator as clients may have enabled them to accept and understand the process when their clients became enraged with them although this was not verbalised. It was mentioned they feared anger would 'leak out into other areas of the course' or 'break the group apart' thereby experiencing the fear their own clients might have when in a therapy group as part of a wider community such as a day hospital. Their inhibition in expressing anger enabled them however to predict similar issues in their practice. The work with anger appeared to enable a recognition of anger in their own groups, and especially the difficulties women have in its expression.

It was interesting how they were able to identify with the facilitator possibly feeling more grief when the DMT group ended than they felt did because, they said, they would continue seeing each other after the ending of the group (because of the research) but she would no longer see them. This phenomenon was then apparent to them in the ending of their own DMT groups whereby members would frequently remain in contact with each other after the co-researcher, as therapist, had left the setting.

Co-researchers commented they had more understanding of the drive of sexuality in children and adults in relation to abuse. It was also recognised that the all-female gender group appeared to block this theme being fully explored.

The theme of jealousy and rivalry brought out judgemental attitudes towards other's movement and, in one case, the ability to bear children. Although this theme was explored in relation to the facilitator's attention/contact with group members no one commented on it with reference to practice.

As therapists in practice it was apparent they were applying their learning from the DMT group in such areas as: facilitating others movement without moving themselves; taking clients further than they originally thought they could go and the nature of clients' non-participation.

Professional issues concerning decisions over short or long term groups and the application of consistency in a group's life were also evident. The confidence to develop a freelance practice in which DMT was 'sold' to settings out of her direct experience was

apparent from one co-researcher.

### **Being a client, becoming a therapist:**

An overview of this theme from the evidence seemed particularly relevant to present here when discussing the emerging dance movement therapist. By entering the client role one co-researcher said she had a strong sense that DMT was <sup>the</sup> right profession for her. In the first stage of the DMT group client/student required safety before progressing into empathic relating to each other. It was clear by then that they needed safety in order to express the strong emotions. With reference to practice difficulties with mandatory versus voluntary attendance at groups and differing roles they took as students, as was so with clients, were examined. The DMT group model was seen as good preparation for practice in many ways but some co-researchers felt it required adaptation for their own practice. The second stage of the DMT group continued this exploration of the differing roles of client, therapist and student. As previously mentioned loss and bereavement were experienced and movement recognised as associated with particular states in clients. An increase in awareness of how other people deal with issues (the notion of universality) was noticed by one co-researcher which may have enabled an appreciation of clients as being not so different from trainee therapists. In addition, being in the DMT group led to an appreciation of how DMT developed them as people as well as facilitating their work as dance movement therapists, also by, for example, giving a greater understanding of a client's movement. A deeper understanding of other aspects such as group dynamics, group leadership, the importance of breaks and endings as well as the pain of it all was also fostered.

By the second year there was a shift from their motivation as a professional interest in DMT to acknowledging a real interest in self as a client. At the beginning of the second year, during the fourth stage, the issue of social acceptability emerged. The pressure to conform, not rock the boat and be the same as others now challenged the group. Could they really bring their own material and still be liked though? A self consciousness in movement was evident. Others may watch and judge resulting in feelings of humiliation. This was seen to be particularly pertinent to the expression of anger which was seen as unsocial so was blocked at times. Being seen in a less favourable light by

peers was frightening they said - the two roles (student and client) appearing in conflict at this point. For co-researchers to maintain the client role in the DMT group had implications of how each was seen by other group members outside the group 'its OK to have DMT as a trainee dance movement therapist, but as a human being...?' (interview four). This was the stage at which the fear of exploring their own wounds loomed largest in case these wounds were seen by others as weakness putting social and professional standing in jeopardy. This then led to doubts about the value of therapy in an educational context. Fears were identified concerning the 'stuff' getting out and affecting 'colleagues' for the rest of the day resulting in a holding-back in order to maintain 'status'.

The penultimate stage began with a need for physical contact which was perceived to help safety in the group which at this stage looked for support from itself rather than from the facilitator. Maybe they believed the facilitator to be too overwhelmed by her own loss to support them (see page 24 of this chapter). Learning from practice contributed to their DMT group experience, for example, identification with the facilitator's perceived feelings of loss because of the ending of the DMT group was evident since co-researchers had experienced a similar loss on the ending of their own practice groups. The limitations of short-term practice DMT groups was also recognised by this stage, having had 18 months of DMT themselves. More empathic responses from others were noted and the term 'client' was frequently mentioned in reflections. It was felt the group was used to facilitate a greater awareness of counter-transference and other issues arising in their current practice groups. More recognition of how the DMT group related to their practice groups overall was evident by this stage. Clearly co-researchers were beginning to develop their own models for practice, for example, directive/non-directive, challenging/supporting. It was obvious by this stage that the group was much more in touch with feelings of anger, loss and isolation.

The final stage in relation to the theme 'being a client, becoming a practitioner' centred on a further exploration of their own models for practice and critical appraisals of the DMT group model presented on the course due to limits found for specific client populations.



## **THE NATURE OF THE DMT GROUP**

There are several features which the research illustrated could be born in mind in the design of the experiential therapy group within a training programme for the arts therapies, counselling or psychotherapy in higher education.

For example, the following major themes identified as linking with professional practice could be anticipated by trainees and facilitator.

- i) Ending and Loss
- ii) Own needs in the DMT group
- iii) Anger
- iv) Sexuality
- v) Rivalry and Jealousy

Sub-themes were:

- i) continuity
- ii) movement and the body
- iii) the self limiting client/therapist
- iv) going freelance
- v) the experience of being a client
- vi) short term versus long term groups
- vii) non-participation

From the evidence in the survey (and from the participants' perceptions) the design and application of the experiential group in the training of dance movement therapists does appear to require an outside facilitator who does not engage with the assessor role in any way. Evidence from the research suggests the group needs to be consistently run in the same place at the same time, weekly for at least a two year duration.

By drawing on their experiences in the DMT group together with reflections on their practice the trainees appeared to develop their own models of practice. They seemed to be creative in this respect rather than following models from the course or those espoused in the literature or from lectures. Theories developed seemed to be translated into a technique learned in the light of their own personal experience. Thus they were able to develop their own techniques for their practice based on their personal experience

of DMT.

Outcomes co-researchers identified for themselves (see chapter five) revolved around their deepening understanding of the process of their DMT group and how DMT worked through the extended reflection time the research project itself provided.

The research indicated boundary issues were crucial to the trainees' developing awareness. The group may be termed a therapy group without it placing coercion on members to become 'dysfunctional' or 'patients'. The fact is co-researchers were eventually able to enter the client role and self-disclose without the defence of the professional self.

The DMT group in the research also performed other functions besides raising and working with personal issues, for example, support, the opportunity for professional development such as observation of group facilitation and dealing with inter-personal conflicts as well as any anxieties relating to course material. To this end it is essential that the aims are made clear prior to the DMT group experience.

#### **THE DANCE MOVEMENT THERAPY TRAINING CURRICULUM**

As well as the design of the DMT group itself overall course development deserves attention. The post graduate diploma DMT course which was the subject of this research was the first to become nationally validated in 1987. Since then a further three courses in the UK have become University validated. Some of the ideas presented here might be developed by staff of these courses or perhaps stimulate further DMT courses at under and post graduate levels. It is also hoped that counselling/psychotherapy and the arts therapies will consider the research conclusions and implement curriculum designs and/or research studies as a result.

The difficulties in directly assessing therapy groups in higher education appear to outweigh the advantages. From the evidence available in the survey very few groups are directly evaluated. However, this research does indicate that if students are encouraged to reflect systematically on the group experience it can be extremely helpful in providing for gains in terms of personal development and practice. The themes presented here need to be addressed in a trainee therapist's course of study. It appears certain themes need to be explored at specific stages in the training, for example individual versus group needs

first of all followed by rivalry and jealousy, anger, sexuality, ending and loss.

Courses which omit a DMT group as part of their training may not be able to take their trainees to the same depths of being and transformation. This could result in practitioners unable to facilitate much development for their own groups after qualifying. In such a situation trainees' belief in and 'knowing' may be more at an intellectual level rather than at an emotional level 'they may know all the books and the theory but without first-hand experience they cannot believe in DMT to the same extent' (quotation from co-researcher, interview seven). It is however an assumption to say this because this research has not explored any training which has not included a DMT group. This research can though make conclusions from the DMT group experience for these students at this particular time.

Findings indicated the DMT group was useful which could be beneficial for other training programmes of a similar kind, with similar aims. Had the research made comparisons with other DMT courses without a DMT group component, different conclusions might have been made. The findings of this research may help other courses which do not include a DMT group, to identify the possible learning outcomes if they were to include such an experience. It is hoped the information will provide an understanding of the benefits a systematically designed experience might offer qualified graduates in their eventual practice. Several ideas from the evidence are now provided for consideration.

#### **Further professional development:**

Several aspects from the research data led to a conclusion that the co-researchers felt the need for on-going contact with course members in the form of continued professional development such as supervision or a practical workshop after the training. Without the continued contact of the research project I got the impression they would have felt particularly isolated and unsupported in their practice. Perhaps further, continued educational opportunities for professional development could be designed to cater for trainees who wish to continue to learn from one another.

It is clear that the DMT group is crucial to the learning outcomes for both technical and theoretical competencies. Its place as a weekly experience over two years

was adequate, However, clearly there was a need for follow-up to assist qualified practitioners as they began their professional career. It is therefore recommended that after the two year group experience the training be extended to provide seminars and/or supervision and individual tutorials. This would be with the aim of facilitating professional growth focusing on connections between the DMT group issues and practice themes. The duration may vary but a minimum of one year is proposed with the option of a further six months if required. The focus would be on practice not personal therapy.

One criticism of both the above ideas might be that students would never become separate, remaining dependent on the institution. It could be argued that we are always dependent in some way for our professional and personal growth. Many practitioners already choose to attend further training with another individual or organisation. This recommendation for a third year of training would address the problem of professional isolation in such a new field, and the implied need for further training whilst practising. In this way whilst the DMT group would end it could be followed by a period of further reflection on the process and outcomes to promote self-evaluation in learning and practice (Schon 1988).

#### **Peer evaluation:**

A course structure which provided for peer evaluation of the group facilitation, as was evident the survey (see chapter six, the expressive arts therapies category), might promote a clarity of the model of facilitation the individual trainee sees themselves offering in their practice and why. Co-leadership of the DMT group was not studied in this research but certainly might offer trainees another perspective.

#### **Journals:**

The research illustrated the value of trainees keeping personal journals. This was a finding in some of the categories in the survey too. Personal journal recordings on a weekly basis may well facilitate reflective processes for the trainees. For example, self-analysis of what happened for the student in the DMT sessions connected to theoretical material and other life events. Trainees in reflecting and analysing their own feelings as they emerged like this could also be encouraged to illustrate an understanding of any learning and how it has contributed to their competencies and processing in professional

practice. This recording could then be linked to a biographical dance piece choreographed for presentation and assessment. It could be evaluated through the documentation at the end of year two (weighted at about 30 per cent) of the process using the following criteria:

- i) the disclosure of strengths and vulnerabilities as they have occurred
- ii) a description of ways these aspects have influenced professional competence
- iii) a presentation of critical examples of events and stages in development and the relationship to theory
- iv) an indication of how theory, personal experience and professional practice has been integrated.

Although these ideas emerged from analysis of one DMT group in one DMT training, that is they are 'local' knowledge not universal laws, any other DMT training which addressed these issues in both an experiential and cognitive way may benefit trainees. It is particularly worth noting that Lieberman et al (1973) gave 14 mechanisms of change identified immediately after therapy, five as primary: expressivity, self disclosure, feedback, emotional experience, and cognitive learning. In grouping this current research's major links to practice they appear to fit into some of these five mechanisms. For example, movement and the body (expressivity), own needs (self disclosure), non-participation (feedback), anger (emotional experience), the experience of being a client (cognitive learning).

Smith (1975) identified from a range of studies in sensitivity training that in 78 out of 100 studies trainees showed some desired changes immediately afterwards which was significantly greater than the controls. Desired changes one month later were found in 21 out of 31 studies which had follow-up observations. In an update of his review of studies Smith (1985) concluded four predictors of lasting change: communication of warmth to others, providing leadership to others, the sharing of sad feelings and the competing with others. Again some of the above major themes can be seen to link with these groupings, such as sharing sadness (endings and loss), and competing (rivalry and jealousy). The outcome for lasting change indicates that the sensitivity groups fulfilled a personal change for participants, although it is recognised this was not necessarily the goal. It could be similarly concluded that in some aspects the lasting changes for those

in the DMT group were especially important for learning how to become a practitioner.

#### **Theoretical content:**

If themes found from this research were not emerging naturally as part of a DMT group they could be facilitated at specific stages in the taught aspects of the course thus promoting an exploration of them in the group from both a personal and inter-personal perspective. For example, in the second year the importance of physical contact and sexuality could be taught in the curriculum or perhaps a particular reference to the pertinence of the most frightening issue arising towards the end of a therapy group as the course ends and so on. Themes appear to develop at different times with some recurring such as anger and safety. Course designers may want to consider the evidence of these themes and the point at which they are introduced during training when building a curriculum. If this case can be taken as an example it would seem one way to design a course in DMT for the future could be to use the themes as material for specific teaching and learning. In this way theoretical content could address particular phenomena to stimulate emotional pathways to learning. Then through this raised awareness the DMT group may be an additional opportunity to explore personal issues relevant to course material presented. It was clear from the final interviews participants said themes, such as anger or loss, were more present in their practice groups. They felt these would have remained unconscious until they worked through them experientially in the DMT group or reflected upon them in the research interviews. The implication is that feelings such as loss, bereavement or anger did appear in their practice and were worked with satisfactorily within the therapeutic alliance as a result of their DMT group experience.

#### **Assessment:**

In terms of curriculum assessment an essay set in year two aiming to elicit students' developing self awareness as applied to practice could ask for illustrations from the DMT group experience to be linked with their professional practice in ways which, for example, showed an understanding of counter-transference. However, it would need to be carefully thought through how the groups' confidentiality would not be compromised in the grading of the essay by tutors. Perhaps peer appraisal could be introduced.

### **The Role of my Current Practice:**

Once I had gained insight into the problems of removing a personal therapy experience from the training I set up an apprenticeship scheme whereby a more holistic training was possible. A crucial element in this learner-directed scheme was the trainee's presence, as neither a client nor a therapist, in a six month DMT group. Trainees were required to be in personal therapy at the same time but experienced the ambiguity of the role as apprentice in the group. I was not there as their therapist nor their trainer in that context. However, they wrote a seminar paper after each session reflecting on the group process and my interventions. Later they were encouraged to make interventions and these were reflected upon in addition. Each week the seminar, based on the paper and my comments upon it, contained the experience for the trainee. This aspect of the scheme has been written about at length in Payne and Wright (1992). Because this process was current at the time I was interpreting data for this research, it informed my sense-making just as my psychotherapy practice at the time must have equally had some effect. Therefore it must be noted that there were influences outside of the actual data and literature which had an important effect on the processing of the analysis. In addition, my current practice and training experiences contributed to the research just as the research conclusions fed into their development.

### **RECOMMENDATIONS**

It is not uncommon in reporting research to indicate what one might do differently another time and what areas of research require further development. In this first section I draw attention to methodological aspects and later propose directions for future research studies.

#### **Methodological Issues:**

Evaluators can learn much from sharing their research findings and analysis with those participating in and gathering the data. Validity, fairness and accuracy are improved in this way. The use of studies to inform and help the research process as in collaborative inquiry has much in common with the 'constant comparative' found in Grounded Theory Methodology (Glasser and Strauss 1967). This continual collaboration<sup>method</sup> may also be understood as triangulation. On reflection it may have been possible to have also involved

trainees not undertaking a DMT group as part of their course and evaluated whether the same or similar issues were addressed as part of the training or reflected upon in their practice.

It may also have been better to have conducted only half the interviews during the on-going DMT group (one at the beginning, one at the middle stage and one at the end), followed by three more at 6/12/18 months after graduation. This would have enabled more data to have been obtained on how themes arising from the DMT group affected practice over a longer time period.

Some co-researchers completed the circle and applied their own analysis to the material. Others read the documentation and offered comments, reflecting on its accuracy from their perspective. So, although the research was not fully inclusive of participants at the beginning, if this was the aim, it was shown that in some cases it was possible to include participants much more as time went on. Consequently more collaboration may have been possible if during the first year of the research candidates on the waiting list for the DMT course were invited to participate in the design from the beginning.

#### **Beyond This Research:**

Issues of interest to future researchers might include examining personal therapy in relation to the experiential group, particularly if personal therapy is mandatory and of a similar orientation. This study focused deliberately on the DMT group experience in relation to practitioners graduating to work with groups. The curriculum recommendations have emphasized mostly the group experience and group practice. Arguably this was at the expense of other aspects which could have been studied. For example, the nature of individual practice. The practitioner working with groups compared to those working with individuals only could be explored in relation to themes emerging over time in a therapy group during training. Or the extent to which those in individual personal therapy were better practitioners, if they were found to be, and whether this was because they experienced that as well as a group therapy component during training. On the other hand a study which examined the depth of practice of those practitioners who trained with a DMT group experience in comparison to those who did not would be equally valid.

With reference to the current interest in the relationship of self awareness to



therapist competence, research examining the practice of trainees with pre-training therapy and/or post-training therapy experiences prior to accreditation might add to the curriculum content of all therapy training courses, particularly in the areas of professional, personal and course issues being worked through.

Personal themes and the dance movement therapist's professional development is another interesting area for research. An evaluation of the therapy group's influence on learning processes, personal theories, working style or client group might be extremely important to research in the light of current training developments.

In chapter six it was indicated future study might focus on the value of group therapy for those training to work with individuals only and whether it is conducive to train for both group and individual work at the same time. As mentioned already when discussing the evaluative methods for art therapy (chapter six) a systematic research study exploring the connection between outcomes of group therapy and trainees' professional practice (as demonstrated in supervision perhaps) would be a valuable contribution to curriculum development.

## **SUMMARY**

I began the inquiry with my own belief as a trainer and course designer together with an analysis of the literature on therapists' professional development in relation to experiential therapy groups. From this base of one year's work it was decided to enter into a collaborative research project with a new cohort of students on an innovatory DMT post graduate course. From a piloted questionnaire data was gathered concerning their perceptions of the DMT group. An international survey gave a context to the study.

The second phase was of two years duration. It focused on gathering data for the study and working with participants guided by qualitative and collaborative research methodology. The interview method was used for the collection of data. A follow-up period aimed to link the experience of the DMT group more explicitly with clinical practice.

Thirdly the interviews were analysed and chapters written. The initiating researcher listened to the co-researchers' views on the material and encouraged their involvement. Quotations from the interviews were used to highlight specific themes. The writing

process of three years duration served to further distil the findings.

As previously said there could be other issues to research in this area but the interest of this study was exclusively on what happened in the DMT group. What emerged from the study is a pattern of development of the trainee dance movement therapist and beyond.

It was certainly important to have identified that the DMT group did have some relationship to eventual practice. The next area of research could <sup>be</sup> to explore exactly how the student uses the raised self awareness/personal changes in her practice both during and after training, that is evaluating practice sessions. It is clearly not enough to simply assume the group is valuable, it is how it is valuable to the student as a practitioner herself which needs researching and documenting if training courses in DMT, the arts therapies and counselling/psychotherapy are going to become cost effective in these times of shrinking resources.

In conclusion, I am becoming increasingly aware of the need for students to be required to make connections between their personal development, theoretical understanding and practice experience. Curriculum and assessment strategies which reflect this may enable students and practitioners to raise their standards and deepen their practice. Much more research is urgently needed in this field by all the therapies. A beginning has been made in Britain. More recognition of the role qualitative research methodology has to play is required. A greater interest in alternative and specifically participatory methodologies for the training of therapists in research needs exploring.

On completion of this thesis I am reminded of the creative energy cycle and how with every ending there is a new beginning. As I bring to a close my writing in this final chapter it brings an awareness of how little is known about how people learn to become themselves, how therapists learn to become therapists and how personal issues are resolved at a deep level. In the end it is each one of us alone who decides how to make sense of ourselves and our clients. There will always be 'something else' that cannot yet be explained and it is research which helps us to travel that path towards pushing further back the boundaries of knowledge. *to beyond knowing.*

I would like to close with some thoughts on the quotation at the beginning of this

chapter. Goethe captures the essence of this thesis in which my attentive look at the DMT group developed firstly into participant observing then into witnessing. My reflections upon the experience of this research has become a journey of connections and integration. Hopefully the theorising emerging out of this process will lead towards further attentive looking.

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## **Post Graduate Diploma in Dance Movement Therapy (CNAA)**

### **RESEARCH PROJECT**

To: Course Members (Staff and Students)

May 1989

The aim of this brief document is to inform you in more detail of aspects relating to a research project, led by Helen Payne, which runs alongside the Dance Movement Therapy course and interweaves with it; in particular with the unit comprising of the Dance Movement Therapy group. It is hoped that the information will give you more of an understanding of what you will be getting into when you come to the course. As an internal study it is hoped that the research will add to the richness of your experience of the course, equip you with greater reflective skills and act as a possible model for research.

The research has as its primary aim the evaluating of the DMT group, particularly what part it may play in the process of training dance movement therapists and later, after graduation, in their practice.

#### **Aims:**

To collect data from group participants concerning their experience of the DMT group.

To analyse and evaluate these experiences during and upon completion of the unit.

To place the findings in the context of other research in the field and disseminate in the public domain.

#### **Methods:**

The research is phenomenological in nature and uses methods from collaborative inquiry. It is hoped therefore, that all participants in the project can be involved in designing the experimental methods; however some initial tools have been piloted such as the questionnaire which students will be asked to complete prior to the beginning of the group and the interview procedures.

Two or three group participants may be invited to volunteer to participate in greater depth by keeping a biographical journal with the aim of recording the journey through the process of the group. this "voyage of discovery" may be one fraught with uncertainty and discomfort but will be as exhilarating and educative as it is challenging. It will entail the roles of both group participant and self-observer.

Semi-structured interviews with some participants both during and upon completion of the group will also inform the research.

**Ethical Issues:**

Below are some guidelines which have been constructed as a resolution to the problem of offering protection to participants. These may be extended and/or amended after discussion with participants.

- 1      There needs to be the practice of "informed consent" including suggesting participants read a report or other study using similar methodology (a chapter is attached which outlines the methodology from a similar study).
- 2      There needs to be a gradual formalisation of informal structures and processes to facilitate greater openness and exchange of information, for example perhaps eventually a written contract could spell out and embody any agreements made (such as these ethical issues).
- 3      There needs to be an understanding that the information shared by participants will remain in confidence. The role of the researcher in evaluation is different from that of course leader or assessor therefore the set of conventions used are separate.
- 4      Linked with the confidentiality issue is that of anonymity which gives individuals some privacy in the research process and protection from identity whilst allowing for explicit discussion or reporting of contentious issues. For example, when talking about the other group members. However, it is probably impossible to achieve 100% in an internal study but nonetheless vital to maintain when the report on the research is disseminated publicly decreasing the likelihood of identification over time and distance.
- 5      All participants will need to be given access to all aspects of the report prior to publication.

Finally, if you have any questions about the research which you would like to discuss prior to the commencement of the course, and the DMT group, in September 1989 please telephone me at the college, 0727 64414 ext 43. Please note my vacation begins 23rd July.

Helen Payne

26th March 1990

To : All DMT Staff, Peter Wey, HoD; Janek Dubovski, DoS.

From: Helen Payne, Researcher

Re: Research project

It may be helpful, now the project is underway, for us to meet briefly in order to clarify the purpose of the project, give an overview of the process and to provide an opportunity for you to raise questions or comments.

I propose we take some time during one of the staff meetings early in the summer term.

Confidentiality agreements mean I am unable to share any of the issues emerging, however, any comments you may have on the documentation disseminated to you in the early stages of the project would be appreciated.

This is a unique and exciting project and your continued co-operation is highly valued. Although most of you are on the fringes of involvement in the major focus, it needs to be acknowledged that you are a part of the system as a whole and, as such, are important to the successful outcome of the research.

## RESEARCH PROJECT

The working title for the study is "An evaluation of a DMT Group experience for students on a DMT postgraduate training in a higher educational setting".

## Introduction:

This is a brief account of the aims and process of the research project taking place on the CNAA validated Postgraduate Diploma in Dance Movement Therapy (DMT), Division of Arts and Psychology, Hertfordshire College of Art and Design (HCAD), St Albans, Herts. Monies to support the project have been received from HCAD: Research and Development Committee, The University of London and self finance. The project is undertaken in the context of a Ph.D. and is located in the Curriculum Studies Department, The Institute of Education, The University of London.

## The Focus of the Study:

Alongside the emphasis on training dance movement therapists in specific skills there is a belief that qualitative elements such as self-awareness, risk-taking, dealing with conflicts, scrutiny of personal motivations, needs and values, are equally important goals in training. The value of some kind of experiential learning in groups is often stressed in the literature on the training of art therapists, music therapists, dramatherapists, counsellors, individual and group analysts and psychotherapists.

Although studies of the processes and outcomes of group work in therapeutic and counselling settings are regularly undertaken, none describe the development and evaluation of group work in professional training.

This study has as its focus the DMT Group unit of the P.G.Dip. DMT course. All students need to attend this unit. The research exploration is centered on the particular learning, if any, that the student perceives they gain from this group experience and the processes underlying the experience as identified by the student. It also evaluates what, if anything, the post qualified/trained practitioner sees themselves as having learned from such an experience.

## Research methodology:

This study follows a naturalistic research methodology and has a collaborative style. It aims to involve all the volunteers to participate in the research as far as possible in the research process. They are invited, for example, to comment on the design, negotiate agreements concerning confidentiality and to have access to the results and conclusions prior to any publication.

## Research Methods:

Research tools include audio-taped, semi-structured interviews, undertaken by a skilled interviewer employed for the task. The data is then transcribed and coded, and, later analysed by the researcher for recurring themes and issues. On the basis of this analysis a schedule of questions is compiled for the next interview. Each volunteer is interviewed at the end of each term throughout the two year part time DMT course. Follow-up interviews take place for a further two years, at six monthly intervals. Group debriefing sessions with volunteers and researcher follow the interviews. A separate meeting is held with the interviewer to debrief and to introduce the interview schedules. The raw data is confidential to the researcher, the researcher's tutor and the volunteers.

In order to place the research in a wider context a world survey was undertaken in the first year. A questionnaire was designed to elicit the perceptions of other trainers in art therapy, DMT, music and drama therapy and psychotherapy, particularly those in a higher educational setting. Questions focussed on the inclusion of such a "process" - orientated group in training programmes similar to the one being implemented here.

## Summary:

This outline has given a short introduction to a research study taking place in the researcher's own institution; the aims and process have been identified in order to inform colleagues of the scope and boundaries of the project. The research requires access to specific data and has a clear ethical code of practice.

This research is unique in two ways, the DMT postgraduate Diploma was the first to be nationally validated and is the only one to include such a group experience as part of the training. The DMT group unit is being evaluated for the first time and may contribute to the development of the curriculum not only for training dance movement therapists but other arts therapists and psychotherapists. Because of this uniqueness HCAD will be referred to by name in the final report.

The researcher would be pleased to have your comments.

Helen Payne, Researcher, May 1990

DRAMATHERAPY TRAINING GROUP.

=====

Assessment

Training group leader..... Student.....  
Date of Assessment..... Course/Year.....

COMMENTS:

Other forms of assessment used:

Peer:..... (date)

Self:..... (date)

Assessments discussed with student:.....(date)

Signature: .....

### TRAINING GROUP.

The training group has a dual focus of training and therapy, students are expected to make use of skills and insights required in drama practicals, lectures and workshops, but above all to explore their own experience as a group member. Students are thus provided with the experience of a group therapy setting that offers opportunity for personal development and self-understanding through the process of group interaction. The roles of 'patient' and 'therapist' can be explored. This group experience will enable students to become more capable of empathising with and differentiating from their client's experience in Dramatherapy groups. The main emphasis of the training group is on the students' personal exploration.

The aims of the training group are :

- to enable students to present and work with issues of individual/group concern.
- to explore current and past patterns of relating and ways of resolving problems.
- to develop the ability to interpret symbolic language.
- to explore personal difficulties related to the student's future role as a dramatherapist.

Thus the content of sessions will vary according to individual/group needs. The training group operates within the boundaries and therapeutic limits of a training course that is assessed in an educational context.

There is a strong recommendation for students to also be in personal therapy outside the college. Those students who have taken up this recommendation in the past have found it much easier to use the group.

Assessment takes the form of a written, descriptive assessment of each student by the training group leader. This report is accompanied by the student's self assessment and peer assessment. These three types of assessments should take account of a number of attributes considered to be important in the practice of Dramatherapy:

- a) willingness to respond
- b) ability to sustain attention
- c) ability to perceive philosophies of life.
- d) ability to cope with self-exposure
- e) ability to perceive and work with subtle and ambiguous relationships.
- f) ability to make connections between "enactment experience" and other experiences.
- g) ability to learn through experience
- h) ability to develop insight

## Extract from CNNA Validation Document

### **Unit 4 Dance Movement Therapy Group**

- 4.1 The students will meet weekly in a dance movement therapy group in a training context. The group will meet during college sections of the course for the two year period of the course. The group will be led by qualified and experienced dance movement therapist and group worker with extensive training in psychotherapy. The therapist will receive formal and regular supervision for this group.

The students will have the experience of being a client in a group therapy setting where dance movement therapy is the medium. The group will aim to offer students an opportunity for personal development and self-understanding through the process of group interaction and dance movement therapy.

The group will be a closed group and will provide a vital core of the course along with dance movement therapy theory and work-practice/placement groups.

Skills acquired in practical workshops, and conceptual elements gained from lectures, seminars and tutorials, will find application in this unit. Students will be encouraged and helped to explore their own experience as members of the group. The dual function of the group, as a path for personal work and a unit of training, serves for the students' own reflection as a means of assessing their progress on the course.

The group experience will enable students to become more capable of empathising with clients and differentiating their own material from that of their clients' in dance movement therapy which they lead. It will bring a personal understanding of therapy group dynamics to their professional practice. This is necessary for the student-therapist in order to recognise and understand his/her individual needs and conflicts, to develop a healthy helping relationship with his/her clients. The student is given opportunities in the group to work through issues of personal and group concern to this end. It will be expected that students participate and use the group regularly and an attendance of less than 80% would necessitate failure of this unit in the educational context.

- 4.2 The aims of the Dance Movement Therapy Group will be:
- 4.2.1 To enable students to bring and work with their own personal material in the context of the group.
  - 4.2.2 To come to terms with their role as a client in this group, in relation to their future role as a dance movement therapist.
  - 4.2.3 To explore in this context current and past patterns of relating and ways of resolving problems.
  - 4.2.4 To develop the ability to interpret symbolic material.
- 4.3 Process and Content.

The content of the sessions will vary depending on individual and group needs.



It will be material made up of attitudes, feelings, ideas and experiences which members of the group will bring and might find difficult or painful. The focus of the group will be on the "here and now", this enables a working-through of old patterns of behaviour and an exploration of new alternatives. This will include tolerating chaos, taking risks and allowing creativity and spontaneity. A variety of techniques will be used, such as movement reflection; improvisation; movement and postural sculpting; symbolic movement; developmental movement patterns; image making and group movement exploration. The method employed will be action-based with dance and movement as the media. However, verbal reflection and communication will be part of the group process. Attention will be paid to both overt and covert styles of communication. Students will become aware of both individual and group stages of growth and development as they are represented in a group, and of how these may be worked with using dance movement therapy.

There will be no reading attached to this unit since the main emphasis will be the students' own personal development. However, the students will be encouraged to keep a journal of their individual experience of their own and the group's process as it unfolds. This will be non-assessable and solely for the student's own use.

During the first and second year of this on-going, close group there will be opportunities for self, peer and therapist evaluation of individual student's progress.

Transcription of Final Debriefing July 1992

The meeting for the final de-briefing was arranged by one member and hosted at her home. I had said in a letter to the group that I would prefer not to reimburse travel expenses this time but that this could be discussed at the de-briefing in any event. Two co-researchers were unable to attend. We met for three hours and shared a lunch together. The aim of the session was to hand back the research project to participants through an evaluation of the three years of fieldwork. Both the interviewer and the DMT group facilitator were invited at the group's request,—however sadly neither were able to attend.

The atmosphere was relaxed and had moments of sadness, conflict and joy. After our verbal reflections on the research project as a whole we decided to finish in a movement improvisation from which emerged a chant about eagles and their flight. The words went as follows:

We circle around,  
We circle around,  
The boundaries of the earth.

(Repeated twice)

Wearing our long, big feathers as we fly,  
Wearing our long, big feathers as we fly,  
We circle around, we circle around the boundaries of the earth. 1

l-ya, Hi-ya, Hi-ya, Hi-ya  
earing our long, big feathers as we fly.

repeat first verse again, and so on)

fter several chants together of this some words began to change. Instead of 'We' the word 'I' was used and the 'our' in 'our long, big feathers' was replaced with the pronoun 'my' for the numerous times we chanted. The dance also changed in that it began very much in the 'us' mode, close in space and movement synchrony enveloping into physical contact before slowly moving towards an individual dance with more distance between us. This change seemed significant as a metaphor for the process of ending, as a way of leaving each other and the participatory activity of our inquiry to a more individuated self, where each held their own whole and separated with it at this the last research group debriefing. It felt to me that this leaving process in song and movement was a powerful statement about our relationship together as we parted for the last time in this context.

The following transcription captures the debriefing in terms of topics covered and themes developed. Unfortunately, one hour of the meeting failed to record due to technical difficulties with the tape recorder.

The session began with the acknowledgement of the two absent members. The transcription begins at a point where individuals are commenting on these absences.

First half of the tape failed to record]

P. ..acknowledge her absence or finishing from the research did [a participant who was involved for the first two terms only due to her failing the course] she just didn't continue and that as it we didn't actually say goodbye to her as part of the research group, like invite her to a debriefing to say goodbye...it was just sort of left and she disappeared out of the research project..after having elected to be in it ..that might be what we are aware...of now that there wasn't actually a finishing

from her to us and us to her.

J. I think the bit about communication....her voice as a communication I think so much an issue around her and the course about communications linked to failing..

HL. It's interesting how our voices just disappear as soon as you said that I went .llll....like this...I felt where are you C where are you Mgda? Where have you disappeared to ..?

Mgie. It's funny cos I feel C is here..you know I mean I don't feel that she's not here...I feel she's you know she's very close..it's possible to contact her..she is part of the group and it's very sad that she's not here but she is here. I feel with Mgda it's a little less so and that's to do with her not being there at the very end of the course. And I'm not sure whether she's qualified..?

JP.I think she had a long essay to complete.

Mgie. Yes, So there's a feeling of her disappearing.

J. Did she qualify?

JP. and others. We don't know.

JP. I would like to write to C and Mgda and ..to um...say my goodbyes..and to say I was sorry that they couldn't be here.

(long silence)

Mgie. But you really feel they are not here?

HL. Yes, I'm looking at that space and that space. I really feel the loss of them actually. I think also the thing with C and Mgda and I is that we used to travel up to college together -we were quite a little trio in terms of our journey to and fro...  
(recording not clear at this point)

HL. (continues) You feel that C is here,..well she was very much involved in decorating this flat.So she has been here, her presence is here. [C was one of the absent members due to her pregnancy]. But M hasn't.

grp. Oh, yes...

J. When you were talking about them you were making a firm and together tiangle with your hands..

HL (both laugh)..that was nothing to do ...

J I thought well perhaps the rest of us dont't belong or something..

(laughter from grp)

J I can relate to that because in the early days I did feel that there was perhaps that intimacy developed between you with the travelling together [ the three of them, HL, C and M, they travelled by car together to and from the course]

L well, we felt that. Yes...mmm...

P Particularly C.... She did do quite a lot of work on the er.. analysis of her interviews, she analysed them for things.. wrote them all down and sent them back. Then I looked and compared it with the themes of what I had got and there were some differences because hers were individual themes but of course she came up with the things that I'd found in common across .. the whole group. So of course she did a piece of work that was specific and um... quite validating,...

L it proved it quite a lot..

P yes, so the loss is a bit more for me in that sense and I'm aware that M didn't ...she said in her last interview that she didn't come for the last month or so to the group..um and it was hard for her to re-connect with that, with the ending because it never felt really finished and she had got .....and she said she felt quite distanced from the research because of that and I think she did miss the summer interview at the end of the group experience. But she was here for the Christmas follow-up and it was hard for her to re-connect then.

L For me with M I was aware that with..um ..her mother dying, that there did not seem to be an opportunity to um.. I mean for her to use the group ..to.. work on.. how she was left with that..her mother died and then she was drawn away and it was a lot of..I don't know..

Gie I remember her holding and holding a feeling and then I remember um.. I think its OK to say it but I just remember MS [the facilitator] giving her a tape and how upset..it just allowed her to just let go of it and ..then she was gone..I remember a sense of her holding and holding a feeling and how hard it was for her..and I'm sure it wasn't just her I'm sure it was the whole group but it was something about what was going on for her was so strong, horrendous and difficult.

P That might be something to do with why she can't come today as well, if that was the last contact with you as a group. She could come to the interview that was just with me, and I was sort of distant by then probably.

Gie But we had Christmas afterwards, we met as a group then she came to that..

P Oh yes, she did come to the debriefing then...that's right, she did.

Gie This is a year after isn't it?

P this is the same time of year.

es,

L Something we were saying in the kitchen it feels like we are never going to be a whole group again. Struck me..

P Yes...mmm...

L That has gone that has actually finished.

P Well, here today that's the reality, is perhaps symbolic of how it will be.

L Yes, yes, yes

I can't get in touch with that. With the ending of this, no... think that's because I haven't really had any endings with going into ...(laughs) the two concertinered..

P You've got a lot of endings at the moment

Yes,

P Gosh, so have I

Has anyone any thing else they want to say about that..?

lgie Just that we are not mentioning Mnca [the facilitator]..

P I was just going to say that.

lgie ... and I want to ...right thinking why is that?..I wondered if there was a structural reason, thing in it..something about although she was so important in the group she wasn't ever part of the research meetings at all.

P She did not want to be.

lgie. And I just think if she had been at some point I would be able to relate to her as being part of this now but as she wasn't there's this separation about it.

P. I've met with her obviously before the research was undertaken, before you even arrived in the college..went through the whole predicted process for the project, briefing on the idea for the research and what I anticipated might be the outcomes and things like that and asked her whether she would be interested in facilitating the group with the research as a context, because obviously if she was not interested in facilitating the DMT group in the research context I would employ someone else to facilitate the group. um.. so she was informed from the beginning that this was the contract that the group would run and it would be a research project interwoven with it. Um ..so I had that contact before the group started..and then of course I fed her all the information that you had about the ethics and the confidentiality all those bits of paper she had..um.. and a copy of that paper I gave at the conference ..um.. and then I did an interview with her in December and that has been the only contact I've had, two meetings with her and feeding information to her. Because as we discussed at the first or second de-briefing to invite her to come to the de-briefings, not to talk about the group obviously but to discuss the research. She wasn't able to do that, felt unable to do that or to meet with me.

I think I'd like to add something about this, it feels right that Mnca [facilitator] isn't here and I think, that I still..I mean the role that she took for me um.. the transference bit of

he mother and actually working through quite a lot of negative mother aspects with her it's quite difficult for me to um.. see her out of that context so um... in a way her presence here..the different roles are so big..just the nature of the role of facilitator. So I'm quite glad that she's not here because I still.. some of those strands..what she held for me in the group are still quite powerful really,..

HP. Yes well, that's because you haven't ended the group.. you see it's almost like, my feeling is you will have to see her at one point and to relate to her as a human being- Mca- not as your negative mother or positive mother and part of the ending is to be able to do that either at the last DMT group or in terms of the research at the final research meeting.

J. I don't feel..and I feel I have, we did have some of that going on in the end um.. but I think that's why I'm not consciously missing her because of what..yes, some memory of what she was holding for me. Um.. but I wouldn't have had problems, I don't know, I don't know how it would have been if she'd come.

HP. It would have almost.. it would have had to disillusion you..your fantasy..would.. just to let go of it ....and see her as Mca.

J. Intellectually I've done that but feeling wise I'm not missing her because of feeling that..yes..

D. Part of wanting to go to the AGM [prof.assoc. ADMT] next week is about me making contact..when you said seeing people in a different contexts because I've spoken to you on the phone since the end on a different level ...

HP. And we met..

D. and we met and things..but I'd also like to see Mca again and say 'hello' as me rather than...as a participant of the group.

HP. Right because that is a new role isn't it, by doing the 'hello' its acknowledging that there was a 'goodbye' in terms of roles.

D. Yeh, that there is now a change...the passing of time and a change. When I think about Mgda and C that there are spaces here..We all gave different things to the group..in different ways and it means those elements are ..that they gave to the group are going to be missing from this afternoon's de-briefing. That's going to be the way of it.

HL. I actually bumped into Mca at a cafe in Highgate, not so long ago, mm....I was out with a colleague discussing work and she was in there probably doing something similar..but I met her a couple of weeks before that because she'd actually telephoned me about handing over some work but..so I've had that experience of relating to her as a peer, one to one.

HP. So you have actually done your ending,

HL. Yes, I think I have.mm....I was very glad to have had the opportunity to do that as well. It wasn't easy to begin with I

ust admit it was ...I was struck by her physical presence, when I  
poke to her on the phone it was OK..but when....

P. That's why I thought it was essential to invite her, I thought  
t would be difficult for all of us but I also thought its a  
rocess that has to be gone through.

L> I think you can relate to people on many different levels,  
ou can have different histories with people...just to do things  
n context..in the right place and in the right spaces...yes all  
hat happened....the relationship of her as therapist and the  
ransference. It was what was. And in some senses will probably  
ontinue....(laughs) but to recognise it and know it and to hold  
he new relationship.

. Its been really good talking about these people it feels as  
hough their presence is much more with us...now.. I can see C I  
an see Mgda, and Mca too..very good to have given that space.  
ho's not here.

. Being the time-keeper has anybody got anything else they've got  
o say on that? (silence)- Right can I just say that...we will  
eed to be careful and contain it within the time allotted.  
hat's next? Travel expenses...this..

P. This came up for me as an issue when I began thinking about  
that the purpose of this meeting was and.. for me I think the  
urpose of this meeting is to hand the whole thing over really  
and say this is the end of my involvement and your involvement  
with the research project as a group project..I mean I am the one  
riting it up....yes, but its like handing it back to you..a time  
hen you can identify what it is you got out of it, and voice  
our concerns, satisfactions, dissatisfactions, or whatever but a  
lace where I can hand it back to you as yours..its not ours any  
ore but its certainly going to..or I hope that it becomes more  
ours...separating us out um...I suppose the travel -expenses  
ymbolise that it's not mine..that I'm not in a way wishing to  
ontinue the dependency..um....in that sort of very symbolic  
onetry way..continue the dependency relationship on me..its been  
round a lot for two or three years you know that I've been giving  
ou back or reimbursing you for your output ..what you have been  
oing, contributing, something about the purpose and that didn't  
it right with me...

. The money comes out of your pocket does it?

P. Oh, yes..

. You don't get any grant,?

P. No, the college paid my fees for the first three years of the  
egistration, but that is all the contribution I've had.

long silence)

gie. I was a bit surprised to hear you say .. their are all sorts  
f issues in all...you were handing it over to us in that it's  
urs, because in a way I saw it as handing it over to you  
laughs).. you know you are writing it up now...and err..I suppose  
thought we'd come to the end of our bit...which is our



ending..um..

HP. So you don't see yourselves as having any outcomes in it?  
bits that you can take for you..that's what i mean, handing those  
to you.

Mgie. Yes, but that..right.. me letting that go..acknowledging  
that you will have outcomes that are different from mine.

J. I can identify with what you are saying Mgie because as a group  
we might choose to met at any time but we are meeting now because  
of this research de-briefing and I guess I feel similarly that its  
about the next final stage of your contact with us in order for  
you to write up your thesis.

HP. This didn't have to happen in order for me to write up my  
thesis.

J. But was not this initiated by you Helen in order to um.. to  
get some feedback and information which would be useful to you in  
writing up your thesis?

HP. Yes, I think it probably will be useful, but its not necessary  
or a pre-requisite for me to do the writing.  
But I think it will be very useful, what we are saying now is  
part of the process of the research. If I remember it we did  
discuss whether to have another de-briefing.

J I think my understanding of .... and this reflects some  
confusion..that when we arranged to have this meeting was that it  
was in the context of your research..

HP> Yes, absolutly.

J. Yeh, right...um...yeh..so I mean for me the issue is that when  
you reimburse the money travel expenses I thought it was from some  
sort of fund. I don't think I'd taken on that it was from your  
personal funds, so I feel if their had been a fund it would be  
very appropriate for me to be reimbursed..for the travel..it feel  
like another issue when you personally provide the money.  
Um....because I do se the meeting in the context of the research,  
if we'd chosen to met as a group then that..for something  
different..... we'd structure it differently...

HP. I'm wondering then if you did choose to met or whether it was  
just because I wanted to met, whether you did have a voice to say  
I don't want to meet in July..?

J. I felt pleased..um and that a meeting had been set for now,  
meeting up with each other is a sense of personal gain that this  
meeting's happening...um..which nevertheless feels different from  
deciding to meet because it will yield information which is useful  
to the research...

HP. Yes, I suppose there are two things here, there's are you  
coming and getting something out of it for you is it for you?  
There's a choice that you are coming for you because of what you  
get out of it. Then the other issue is are you giving.. in doing  
that are you giving something to the research? And is that  
separate?

L. I think it...when I first started being involved with this research I very much felt that it was about giving to you... very much giving my time, my energy to reflect on the whole process and yes, just a giving to you and I was happy to do that, I'm not harbouring any feelings about not wanting to do that...

P. You did say at one group de-briefing ..you've given the course to us, set it up and this is our way of giving back.. we wouldn't have the course if it wasn't for you.....

L. yes....I very much said that..I think the last de-briefing at St Albans..that felt very difficult because I had a bad journey...not that one the one before that where we were to have an interview and we missed one another and I was very teed off about that...um...but I think at the moment here I'm probably getting more than I'm err giving right now..it's very rich. But then I haven't had a journey to get here and I know J you have been journeying a lot for your course and that that was an issue for you and we did talk about coming to your place.....I think.. Maggie offered her place so there were three possibilities...

L. For me that has been a big issue and I've got this week that I've got to go back to where I've got 4 days at East Croyden and I don't know if I'll stick the 4 days and in one way coming today might be linked with that because I just felt that coming today was an extra day..so but I mean that is something I have chosen to do that this is one of the day that I come and if I miss another day in college that's a choice. Really it's only £7.00 for me and it doesn't feel too big a thing to pay for myself.. I don't know how others feel about that.. I mean I feel I'm not in a destitute state and I can manage £7.00..if it comes down to practicalities which is almost separate from the issues really...on a practical level it's not going to ...

P. It's separate but it isn't separate, I think it's actually quite symbolic...'cos money is about exchanges of energy.

Maggie. It's ever so interesting because I feel in a sense that I'm quite in a position of feeling there's something about um..err.... I'm getting a lot but I still want it recognised that I had to get here and um..er.. something...about .. you know..I was just thinking about..listening to you talking about your course..and thinking about well one chooses to do a course and you have still got a choice about whether or not to turn up at the college..I'm still thinking of it as an extension of the course..you choose to turn up or you don't but obviously you choose to turn up otherwise you wouldn't do the course..

P. So is it to do with the course that you have chosen to turn up here?

Maggie. It's connected..there's something for me about it ..you..we are looking at what I think was one of the most important things on the course.....and um...err....I found it quite hard to grapple with the giving and the taking bit because they are both in there.. certainly it was an effort to come here but I'm getting a lot out of being here. a real break in my normal life to come here....so ....I'm not coming to a conclusion about that..

. Yes I feel that about the balance..you say about the energy..I mean the actual energy..I mean I felt quite ill yesterday and had to rally myself together and retrospectively there is all this energy and in getting here and maybe the \$7.00 in money..the living there would be some sense of balance there...I don't know.

. But I think the sense of balance is in people want to get together, I know that this is one weekend out of about five when I'm travelling at the weekend so travelling to London is really doesn't matter..so I've chosen to travel who I get on very well with and who I want to share time with.. and that in a sense is the payoff if you look at wonderful social exchange theory..the cost is getting here the reward is time with people that you want to be with.

P. that's how you see it?

. Yes. In a sense I've always seen the travel money as being over and above that if you had said earlier well I really can't afford this.. I wouldn't have minded.

Gie. That for me would have been more straightforward cos I didn't realise it was coming from your pocket..

P. It's to do with my process isn't it..if I'd have said that at the beginning I'd have been quite sure that I didn't want to own this research..that it wasn't my research that you weren't giving anything to me..but my process at the beginning was about you are giving to me...you are giving in order that I can get this research off the ground and you know we can find out what the DMT group has got to contribute to the training of dance movement therapists in a wider context..it's like that's where I was at so I couldn't offer...no I couldn't not offer cos that's where I was. I wasn't at the end at the beginning I was at the beginning..cos I have a process in all this the same as you.

Gie. Yes of course..

P> And I wasn't at this stage in my own process as a researcher to say this is your research it's not mine only.

. I can here you say that Helen, but that isn't the reality for me I mean I feel I am making some contribution but I feel it is your research there's no way round it..it's your research. I'm putting my input and you are using it.

P. And you are not getting anything out of it.

. I'm getting a lot out of the contact....um..err...no that's right I don't actually feel I'm getting things, yeh I'm getting things out of the meetings but I don't feel..... I feel it's your research and I'm making a contribution to it.

P. but what are endings about?

Gie. letting go of it all..huh...well....

. pushing, sending it away..to you. You have it.. (laughs)..

Whole group laughs)

. I would feel very good if we could come to some sort of conclusion because we have spent 15 minutes on it....and err...

Mgie. it feels to me the nub of the whole thing, feels very important (yes, others).

J. I think that from it we will probably find that instead of staying in nice neat little boxes I'm aware our agenda is in nice neat little boxes...we will put it into some sort of order, I think we're going to get an automatic flow we're going to overlap..

IL. 3,4 and 5 are already overlapping...and endings ....this really..

J. And it's all a part of saying well you can't actually separate them in that sense.

IL. I very much feel that the research is very separate from the course and the course and what came out earlier on, when you were talking about attending and that we have a choice about whether we go or not..and it's the same with the research..but I'm wondering if issues are getting a bit blurred around the course and contributions to the course and contributions to the research..[this participant had in an earlier debriefing talked about the appreciation she had for the initiating researcher because without her setting up the course they wouldn't have had one - here there is a deep connection between the roles of researcher and course initiator.]

Mgie. The first thing for me is I feel that Helen 's research has kept us in some way together as a group and I have some resentment about that, I feel we haven't managed to keep contact in a way that.. you know that I'd have felt...and that it has been through the research, and that's as much to do with me, -me not contacting people or whatever and I feel that the last time we're meeting you know in terms of the research but I wonder if it's the last time we're meeting?

IP. That's a fear?

Mgie. That's my fear..well that's yeh...

J. You were judging in saying 'not managing' but in a sense we haven't had to manage..because (interrupted by Mgie)

Mgie. I know that, I realise that....I know I know..

J. ....um... We would have done more about it equally... I'm very aware I'm probably the world's worst person at picking up the telephone or writing to people...um.. I tend to assume everyone must be telepathic because I do think about the group quite a lot, and individual group members...in times..and in a sense that kind of is a substitute for actually picking up the telephone and saying hello...um.. you know if I desperately wanted to make that contact I would...but i think it's more about the feeling.

IP. I'm wondering if there is some anger that in some way the research has taken over your social contact with each other..or

placed the social contact?

I don't think it has done for me..that's what I'm saying that don't think it has done.. I'm bad at maintaining social contact anyway..what it's done is put in a physical contact time[ Is she saying she would not normally have been inclined to see others in the group?]. That I might not have necessarily got around to seeing myself.

P. Or even maybe wanted to? You see the other side of it (D. Yes) maybe you didn't want to make contact with others from the course so there may be some anger around feeling you have to come to a research meeting.

(all speak at once after some silence)

D. Or wanting some sort of reward for it....

P. Yes, to make up for the resentment..

D. (interrupts) the effort to come here (laughs)...I mean I felt that when you all came through the door..each one of you...except laughter from all) .....and I sensed D arrived very.. about early..about 10 past 11. And I sent her away..because (raucous laughter)...I did....I gave her a big hug ..didn't I?...We had a little re-union and then I said could you come back in 15 minutes because my lover and I haven't got out of bed yet.....(much laughter from all)

D. still in bed....and ..

P. I get used to this sort of thing, arriving at places and people not being ready for the start of sessions and it really does just wash over me now....I think well never mind..(laughter)..

D. I said go to Greenwich..you know..(more laughter).....

P. We make it difficult for ourselves...

P. But actually coming up the stairs I hate going in lifts D....It's about individual responses..can the travel expenses be settled..um..I mean..if people want to put in a claim and then you decide whether you are going to pay it.

P. Helen shouldn't have to decide. Interesting I should say that since I said I think it's Helen's research partly because that's putting the responsibility onto you..you know..deciding..

People would also decide whether or not they would want to put a claim in...um...I mean I get the feeling for me there is still an issue..you have paid the travel expenses, Helen; and this is on a par with the Christmas meeting..

P. I do remember saying something at Christmas as well.....I would pay it but I remember having a reservation about it and saying something about that..

D. I remember that.. mm...

P. If I can think that I'm enjoying being here socially then I'm quite happy to pay for that....for getting here..but that is still not quite addressing the research because I'm saying I'm

enjoying being with...which was D's point in a way...

P. Well maybe that is one of your outcomes from the research?

Gie. Oh, absolutely it is..

L. It is..

P. We don't need to deny that..

Gie. Yeh..yeh..

P. That the social contact is important to you.

Gie. I actually felt I didn't have enough of it at Christmas....  
That's another feeling I had, whereas I'm feeling I'm getting more  
of it in this situation..I felt we went out to a cafe then we  
lifted away....and there wasn't a lot of time and I felt  
unsatisfied.

L. I feel I want to entertain you now..want to make it worth your  
while.. (all laugh)...take you to my favorite capicino  
point..yes..treat you all. -

P. Now you are being responsible and mothering us which is  
that.....(all speak at once, laughter..)

L. Yes..yes..you had this journey..this difficult journey and i  
felt Oh gosh.....

Gie. I'd have felt that if people had come to Brighton..let's  
celebrate being here.

P. Can I just say I'm having a problem here because we did say  
I'd..tried to keep to time..agenda, although I take your point D  
that things are overlapping.

(yes, chorus)

L. I just one thing..I want to say this..don't know why...it cost  
you \$7.00 to get here and I thought that's about the sort of  
average weight of a baby isn't it? (gasps from others..laughs). I  
don't know just this journey expense this travel, journey through  
the research...

P. Oh, right the expense..the cost to you...what have you  
expended...? Costs and gains..

P. Perhaps your thesis is going to weigh 7 lbs?  
(laughter)..Have to weigh the paper....

P. Perhaps we could hear peoples' last words on it..how do we  
come to a conclusion? That's the problem..

Gie..about the travel expenses..my feeling is that people need to  
come to individual conclusions..and um...

P. I'm not happy with it being dealt with outside of this  
meeting.

P. Go round individually all our feelings..or how we would like it.

L. Would you like to start J?

J. I don't mind starting...

HP Light went out [tape recorder]

J I'm confused about it I think I came today because of the research, it was my choice to come I didn't have to come but I feel committed to the research and this is the last phase of it...it did feel like an enormous upheaval for this day and I think in some ways I would appreciate the travel expenses but I hear what you said about it coming out of your personal finances..and I'm hearing that it is a problem for you this time when it wasn't so much in the past. I think I would feel OK about splitting it with you that would feel a way around it....if we paid half each..something with me doesn't feel happy with it being dropped. It's like a basic issue. If I'd come because we said we'd get together then it would be my choice because..but I'm actually here because of the research ..

HP Like you feel obliged to be here?

J. Yes, a commitment to it..following up that commitment to it..I am confused really...

HL (long silence) It isn't really an issue for me today..I'm not really in touch with any feelings...although I was a little ..when we had our meeting and missed it ...a .. God all the way out it cost me petrol and time it cost me that day..I felt that I would have like to have got reimbursed for it and I didn't feel I could ask for the whole lot so I didn't but asked for a percentage which felt OK...I would have liked more but I worked that through in myself...I'm also not very attached to money my issue is that I'm quite detached from money...when it's there it's there when it's not it's not..I don't hold onto it....

(long silence) I just wanted to say something about commitment actually, I wondered whether there was something about Helen's commitment to paying travel expenses all the way through from her own pocket and then the final one she's actually saying she's not happy to do that...for the reasons that she talked about..it's like you kept your side of the bargain to be here and you are but felt there was a commitment to reimburse the travel expense ...

J Yes ..there's something of that here..

D I actually think the commitment is wider I think it's a much wider issue than just our group and that it's about commitment to future generations of dance movement therapists um..the acknowledgement and position of DMT and the training within other arts therapies....and their position within society and how they are seen and..also something from an individual level..individual commitment to train being linked to an individual commitment to therapy and that the research is in a position to that, she says going for spatial, it's over here somewhere (makes gesture with hands) ..it's like a three lane track..like a piece of motorway. The three run alongside one another and they kind of validate each other and if you are committed to one or two lanes then you are automatically committed to a third lane in some way shape or

orm.. and I didn't expect a reimbursement for travelling up and down to St Albans to do the course for two years and didn't get t...um..but I was committed to doing that and so in a parrallel way the research because I think it's through research because we have a patriachal society and part of the maleness within society is about seeing things as valid. ..um that I think things like research are extremely important and I therefore have a committment to research and my committment extends not necessarily expecting to be reimbursed and I said earlier it has done in the past and that was a kind of a bonus....um..you know I think Helen you have made it quite clear you'd rather not do it this time and don't feel I've lost anything...I have had bonusses..I haven't lost anything ..financially or even experientially because of t..and that feels quite OK. (long silence)

gie..well I spoke before you didn't I? I feel happy to take on paying my own travel..um....because I see it all quite a mix issue which I shall continue to think about..um...err.....just that really...

P It's been really good to get hold of these comments, thoughts and ideas...feelings too on this issue...because I think it is a crucial one and something I've not had to address since well..just before the Christmas de-briefing and I wasn't quite brave enough to say it there..it did feel a risk..to say it...a PS. on the bottom of the letter, so I felt I just had to say it because the truth is I'm just not happy about reimbursing at this stage..and I may have ..should have thought about that before the research and never reimbursed or whatever but because of my processing as a researcher as I've said it wasn't possible for me to feel that you were doing all the giving and I was doing all the taking...um..but I actually don't believe that that is what it has been about from my perspective...um.....and also the other thing the ending the responsibility that you are taking it feels absolutley right to be talking about this at this stage in the process of the research, at the ending...that you can each take some responsibility at some level for your own investment .. for your costs..and in doing that you can take some responsibility for your own outcomes ..have them for yourselves..rather than them being given or you expecting them from me..or something..maybe you can actually take them...well .. I mean that's what maybe want you to be able to do...

L I feel it's very much this issue of dependency and you being the mother..figure of this work and us being in a way your children..in the way..when ..and you say you want that changed and for me it has because I very much felt like a baby....with the research and I've grown through the research process..and something you said there Mgie..well I, the way that you said it well, I feel actually fine about paying my way' and there was just a sense of standing up in a sense..of growing up (Mgie.Yeh..)..yeh..which felt really healthy and i can understand that process you are talking about and it's almost like this is about letting go about endings about standing up and um.....not being th elittle babies being researched on. For me it's about the confidentiality and the public area as well, I'm very anxious to address..because it;s going to need some time.

P.Can I just interrupt before we do go onto that that I hear you what you are saying and I will be happy to send you #3.50.



I think I'm feeling a bit threatened by what you are saying HL really because I feel that the commitment bit..this paying the travel expenses is that as..if it..in taking on that expense myself..I feel you are almost saying that's still keeping me in the baby state..and I actually feel the commitment to come to actually get myself here..it doesn't compare to the \$7.00 it is nothing in terms of the commitment of the day..I feel that is being missed...

P. I feel we are all at different stages of the ending, for example you did talk about not having really addressed the ending going straight into another course a beginning and that you were still holding on to your feelings around M [the facilitator] in terms of being grateful that she's not here...

No,..I think what was said afterwards about the DMT group that it's very much ongoing it doesn't end..and I think it's a bit unreal to think that things ..that ends and then suddenly..what you said HL made so much sense about you meet people on different levels at different times it doesn't mean that the therapy process isn't ongoing..

IP. No..what I'm saying is that people may be at different stages in the ending - birthing process as well....the end isn't just like there's an end and there's a beginning it's like there's a whole kind of transition that people are in different stages in the ending of .. the transition of ending and the transition of beginning at different levels within that process...

I Yes..

IP. ...and maybe that's also what we are acknowledging here and that's to do with this process as well as the DMT group, because there's transference and counter-transference here too...(others: yes)..and because of the history of us..I was once your course leader, your assessor, your tutor and your supervisor...that's all here too so it will,..colour..so what I'm saying is that I need to be able to meet you in the super-market and say..and feel absolutely right with you, at peer level with you as colleagues..because that's what I want in the future with you..I don't want another child - mother relationship because it wouldn't feel healthy.

I. For me the \$7.00 isn't part of that..more about the commitment bit that HL touched on that actually there had been that commitment to paying and almost feeling like saying well I really want you to come ..you know and I'll pay your travel because ..you know .. (big sigh) the feeling that this meeting is being held because of the research.....and if we'd arranged..my position is different..and that being acceptable really..

IP. It's probably both..the commitment and err..the need to disengage and separate..

I What for all of us?

IP. Yes..what I'm saying is I want you to want to come to separate..and that's ...what my agenda is about..I want you to want to come and I want you to separate.

For me.. I believe all this is part of the separating process...(laughter).....

P. The money becomes like the.. what is the word..I'm so worried about this light going on and off...can't think of the word..

. It's like an adolescent bit..only by kicking against..

P. This is what I want..

. Yes it's only then by kicking against can you separate and that's what causes.....if they miss that kicking against stage when the separation doesn't happen.....(laughter)...just a conflict for a potential separation..(roars of laughter from all)

Mgie. I'm aware of feeling a bit of conflict inside myself about it all I must say..it all relates to money and..I felt very good about me saying a lot of things and you about what you were feeling [J] ...

In a way though I feel I'm carrying your issue as well though Mgie because before we came here you said 'well what about this bit....?' (Mgie. Yes)..and I hadn't really tuned into it at that stage...so I feel I'm carrying some of your stuff which I feel you've backed out of...and I'm holding it all it does feel a bit like that...(Mgie. Yes)

Mgie. I find it very hard to assert when..you know about money..hard to do ..if I get money it's a bonus but you know not to expect it; that I have a right to it really.

[. I didn't see it at all like that [to D], to me it seemed appropriate, not a bonus...I thought this was very much..appropriate for the amount of energy and effort....in this crazy life I'm leading at the moment..just er..

IP. And you're giving it all to the research you are not giving it to yourself?

[. Oh that's an interesting point...I am also interested in the research though..

IP. Well, that's just what I was feeling at that moment..

[. Mmm....

IP. What I'm hearing is that you are putting all this energy into something that's got nothing to do with you. Why are you doing that?

[. The reality is that I'm a subject..one of the subject's in the research and part of it is being prepared to make this effort for you for the research that you are doing...there is an element of that and I feel OK about that....you know I will make this effort

IP. I'm saying that I don't want you to make this effort for me solely..

. But I feel.. it's easy to say that ..it's been a big issue for a right through the course..actually..I think you are trying to live us more than.. (laughter)..because you are the person that's putting it all together...

P. This is part of putting it together ..part of it for me.

. It's part of your process of letting go of us Helen..

p. I certainly need to let go of you ..of course ..of course here's a need for me to separate...and there's a wish that you will be able to ..to successfully achieve that too, but I can't be responsible for that, I can only do what I can do for me....be true to me..err...

L Well I'm just feeling we do need to move on ..on our agenda we're on number 2 travel expenses..we had four items...Outcomes and findings..I don't know what you feel but I feel we've been talking about them..how much time have we got ..? We said we'd look at process...25 minutes to take us up to 4 o'clock..we have done some of that as well...We had Mgie's which was the course and it's relationship to the research..closure issues..and how they relate...confidentialty..

Mgie. That was about once the research is over when it comes out....what is it's relationship with the world..

L. Would it make sense to go on to talk about outcomes?

L Does it feel alright to move on and leave it?

. It does for me.

(Others - Yes)

L Outcomes it is then...How are we going to do it.. was this the slot where we thought we might break off? Well I just want to say I don't really want to do that..but I will if the group really wants to...separate.. (laughter)

Mgie. I feel very curious about it..I also feel very much part of the group and we're all talking and I don't want to let go of that but I... as well how about going off...and being by myself (roars of laughter)...

P. I'm not pushing that.

. We seemed to have survived as a group, I don't mind..

Mgie. We do, we do.. Just about..

. That was a strong request from HL...then...

L Although the dynamics within it I've been very aware of Mgie and L clashing in the middle every so often.

Mgie. Well no, but I've quite enjoyed that I haven't felt that as unpleasant..I've also felt some of that with J and also felt very much 'Oh wasn't I supporting you enough?'.....felt some of that in the issue.

P. That's process isn't it?

laughter)

So outcomes is what it is now.

Helen can you clarify what this means..

P It was a space for people to reflect on the whole process of the research and what you felt you gained from it..what have you learned..?..really..um ..your understandings from the experience.

I know for myself actually writing that journal um..which linked with the research..although I didn't fully take on at the beginning that it was linked with the research I was quite confused..it took a long time before it sunk in ...about what this research was as separate from the course..that was a very useful experience for me to do that..to reflect like that and to have had that encouragement to do it..as part of the research and if I hadn't made that commitment than I wouldn't have done it so it was very helpful as part of the process.

IP. Of understanding yourself?

H. Mmm....yeh..the research ..as we were saying earlier has been for me not just something I've given to you and on the way there have been things which are tangible ..that's one thing that's been beneficial to me.

H I think I found the same thing about the journal...um it was very useful in trying to work out what was going on and why. I have looked at it recently and found that I ended everything with a question so I now have all these questions..I go through and try and find then links to and try and find some answers I think 'cos it's all part of an on-going process I'm not sure that everything got addressed at the time..um..I think also it's been one of the useful experiences, on an individual level, it's helped sort of pull things together and look at them over a period of time..pulling in more things..and I think one of the..I actually find it quite difficult to put things into little boxes..I know I've been saying this all the way along but things do overlap....(laughs) it all flows in together just as we don't have disintegrated bodies we don't have disintegrated lives..um..and it's very much that one thing does affect another so I think I'm aware that the course is finished and that that aspect of this group has finished and that although I have detached the research...that it has also kept me in some ways in contact with the course.....yes..um..and I think it's still the same now that because of the experience of the research that I in a sense look at the therapy work that I do in a different way and also having come from an all science background, why I'm thinking about now going on to do my own research....it's kept that thread of me going as well the scientific ..well involved as a sort of co-working subject..in the science of being able to take a lot more on board part of a whole and so part of the whole of DMT is about working with different groups of people it's about training..and it's about researching and somehow validating the work..

IP. So it's helped you to give birth to your own research idea.

long silence)

That's my outcome..a major one..

L I feel quite excited about that..it's wonderful, (others laugh and agree)...mmm...

I've appreciated more the mechanisms..the mechanics of research..and the importance of it in validating..the work..particularly in such a new field that it really is important and I've got enormous respect for you Helen...in the way that you write about the work the way that you publicize the work....um.. I just think it's wonderful what you're doing..and it has made me feel although I have a big issue around writing..because of being dyslexic and everything..I do want to ..it does inspire me..I've got the bug to write something about the parallels between Buddhism and DMT..I don't quite know what yet but there's a paper in there..(all laugh)..yeh....(HP. Use a spell check on a computer)..yes..I mean it's a bit more of an issue than a spell-check it's the whole psychological bit really....but um... I got through the course..I did the writing on the course..and I struggled like crazy to do it..but I did it. It has inspired me..the writer..um..but of course we have informed the writing and that's such a valuable process..I love this process.. I'm hooked on process..becoming a process junkie (roars of laughter from all)....and I'm also not involved in any groups of any sort at the moment and I'm missing it like mad... being here in this group as highlighted that..the group process..and needed it.. just how valuable that is.

P. So the research group process is for you an outcome as well.

L. Yes...mm...

L And also an inspiration to wanting to do my own little bit of research. This and that and taking from it, looking at it..and writing something..mm.. like a building block on a professional level.

P. Like you have the blocks now, the starting blocks.

L. Yes..mm...yeh....(long silence)

The important outcome for me has been a different kind of researcher has been born..I came from a very much..positivist....leading towards post-positivist background, here it's pre-post test, the movement profile is like that and the emotional one like that and then correlating it.. and it all fits and isn't it wonderful and of course DMT works....you know..yeh..and I was just beginning towards the end of my MPhil research, beginning to see the importance of other people's perceptions of the process and beginning to sort of try to give the clients as they were a voice in the research process..um.. but on a limited..tiny little way..it was still form filling and interviewing..err it was more qualitative than previous research that I'd done..that's where I came from when I started this..then after being involved and engaging with you going through this journey I've been aware now reflecting back about two years..or more that a new kind of researcher was being born that was more

do with err....umm..not just finding out what your perceptions are by interviewing but also what your experience of the research process was..actually really by having these meetings, what your understanding of what's going on for you was..and listening to that trying to involve you more in the research itself in a much more..positive..bigger..so you became or remained people rather than subjects in a bigger sense. And that meant in my process had to let go of a lot of control which was very hard for me and I...and listen and err. use quite a lot of skills we have to use in therapy, not that much difference between collaborative research and facilitation of therapy in some ways..well there is that there's a transferable skill across..and I'm beginning to recognise that that was process which took about six years...you know from the ending of my MPhil to the middle of this..to recognise that I'm sort of toddling in that but that I'm a baby researcher in that..(laughs)....so I haven't regressed I've kind of been born again as a researcher..a different kind of researcher. That's been a very important outcome.

Was that contrived Helen, was that what you set out to do or did it just emerge through the process..?

I knew I wanted to do something around new paradigm but I didn't know whether I'd be able to do fully collaborative because that was my idea..I inspired the research..it was before I even knew you that I had this idea to do a piece of research on the DMT group. So it was my initiative and I held the initiative all the way through um...so it wasn't collaborative from the word go at all but that's OK cos it can be collaborative at the start, at the middle or right at the end..a tiny little bit...um..so I knew I wanted to experiment with this non-traditional research paradigm..just started...more with that..started at the end of my MPhil..beginning it...and umm then Helen Simons went into all that. But I didn't know how because there's a great deal of personal growth required for the approach, work on yourself..before you can actually start experimenting with it..the new paradigm because it's working more with the feminine a different..the patriarchal..I know is about research but within research paradigms there is now the feminine researcher..that's what I've been working towards and it's taken a lot of personal, growth and a lot of awareness..groundwork to get there..reflection and acknowledgement of your own personal process..when I was starting the research and the course as well I knew one had to let go because I couldn't possibly..I wanted to run the DMT group myself but I had to let go of that...you know I had to deal with all my feelings around that..feelings of loss..about the first group in the country and I cannot run it...because I'm researching it..but Oh well they'll be one next year...and then there was one the next year but I'd left the college..I've run one since then..it's like an awful lot of stuff to deal with and needs to be written about and understood and links made because it's all part of the process.

(continued) .....So I'm pleased I have been able to do at..acknowledge my subjective self...in the research ...research n't about being in a white coat and having the rats doing ings..I'm neutral you know..it's not about that.

.. It's interesting this um.. feminine in the process..and using such a strong womens group...you know we have no men...and ereare two very woman identified women...in the group....umm..I think that definitely fed in, definitely fed in..that we as men have actually contributed that..very female, feminine way of linking, finding the energy into the research.

.. Mm....mm.. it probably was no accident you see.

It's just gone a quarter to....

gie. I really need to say something about it.

.. Yes, you haven't said your outcomes have you Mgie?

gie. No...um... well that's partly because I'm not sure ....you now where ..where..you know what I want to say really...umm..and it's been really interesting hearing everybody.. hearing what it is for you..certainly when you started off talking about the journal and ..um..I didn't contribute a journal to the research at I did do a lot of writing up of the DMT groups and..um.. I think that's because I've been interested in the process before this without quite realising this and what I've really loved in a way about your work is somehow validating that looking process and looking at what we do and the idea that it's really valuable..um..so err..so all the stuff we've done about validating like writing about what I do and all that sort of stuff was good for me..um (silence).....I don't think I've very much to say otherwise ..just that..I think a side thing is that somehow the research has carried on the course and I know that this is an issue that I've brought up ...endings....but n...something about um..err.. comes back to a very early feeling had that I hadn't done much dance that i was very..that this was very new thing for me to go into a body therapy and sort of hanging onto ..you know that the research is kind of like an extension to the course and therefore hanging onto ...because certainly I want a lot..if I'm going to do it in any meaningful, way ..so it's fed me..yes. It's got us together and I'm not convinced that we'd have got together ..not sure about all that..and um...this confrontation around dependence and independence and um....that we've had just now in a sense and just looking at the issue of you know how much do I get out of something and how much do I give to it, how much do I get from ....that feels like that's been a thread actually..it's been going on in all the research we've done in the last year particularly perhaps as the course has finished and my interest in research..you know thinking about drawing together things.

.. We have to move on...confidentiality....

Just before we do may I just say we need to re-negotiate the time. It's ten to four now.

. Shall we take another 15 minutes?

gie. What go on to half past four the?

1..yes..

What have we still got to do ..?

. Well um....we've..after outcomes there's endings, I think we  
ed to do that to..I feel ..

. We should say something about our endings..

. I wonder if we could do that at the end...?

1..Ok then..

gie. Whenever we end I think we should give about a quarter of an  
our to the ritual at the end.

. I think it's important that we have an ending time though..

. I agree.

. Shall we start at our outer time limit and work back?

Text three quarters of an hour of taping did not record for some  
reason]

The following conversation was around J writing up her journal and  
analysing it for themes for the research]

. ...for myself I need to...I need to be able to say 'no' when I  
can 'no'...and um...

P. [unable to hear clearly]

. yeh...and somehow I'd like to do as well but this timing bit,  
I could do it at the end of this year I could work part time  
and...

. Well that's a possibility..I'm not going to submit until  
September...it's just that what I would like to do is to actually  
comment on your analysis so there's a conceptualisation of  
...because I have to show some kind of perception of your  
analysis as well...but um..you know that's a possibility over the  
summer...if I could do that,....

. Again I'm wary of committing myself..I don't want to say that  
I'll do it..because I don't know how I'll be feeling then um...

. [unclear]

. yes..but...very much that we understand that it's unlikely..I  
think that's what I want to communicate I'm sorry but that's how  
it is...

. Well...if that's how it is it's a pity ..I'm very  
disappointed...because it would have been a very valuable  
contribution and you would have learned a lot about your



contribution and you would have learned a lot about your experience and how you were leaving.

J. Mmm..because sometimes when I've ..even in these de-briefing things ..I've begun...

[tape machine failed to record the rest, approximately half an hour]

**Initiating researcher's Interview with Interviewer. 2/2/92**  
**(H: Initiating researcher, P: Interviewer)**

H - What have you been noticing?

P - Body language. Sorts of questions asked, giving people space. I noticed things like this.

H - How do you think the body language affected the way you conducted the interviews?

P - Well just being aware that body language affects the way two people relate to it affects the way the interviewer feels and how open and relaxed they feel during the interview. A lot of the things around body language are the things we do normally isn't it? Some of us are bad at it and there's a few things which we do badly and someone needs to point them out to us, so that we can improve but a lot of those are normal things, like eye contact and posture and not staring at the ceiling and I think just being more aware more and sitting up all the time - now that affected the interview - and I think on the whole I did quite well at making students feel at ease and comfortable and I'm not sure that there's anything I did deliberately to by body language to affect that but was aware that my body language did affect it.

HP - Their responses to you - that you could pick up how they responded and change ..... you sort of tack according to what they were saying and how sitting/moving perhaps?

P - Yes, also and being aware of their body language and tying that in with what they were saying as to how upset they were or how excited they were about what they'd just learnt about themselves.

HP - Yes, the emotional bit.

P - Yes. Looking at it from the dance angle was quite interesting for me because it was quite a different approach to dance because for me dance err ... all of it is about expression and creativity and thats why I love dance, but for me its also a performance thing err .... whereas the students had a different approach to dance it was very much, it was a means to something else, well in this case at least so for me it threw a different light on it and that was interesting. For the students the whole experience was linked to their personal development and to therapy - either the experience itself was therapeutic or else it was linked to the therapy they were receiving outside and work they were doing on themselves - for me it was like learning more about that as well how therapy and counselling affected people.

HP - You've got quite a lot of knitting together of different parts of your interests and seeing that it had parts in common with the work you were doing, e.g. interviewing and training.

P - Some of training we do is concerned with personal development either wholly or at least in part, anyway, helping people to think through their issues through the training media and that was happening during the research into as well,

HP - Because it was based on the DMT Group.

P - Yes.

HP - One of the things that came up on the last debriefing was the feeling that we were also co-researchers together and they were beginning to feel that they had a voice in the research. Not in the initial design because that was set up but in the strategies of 'on-the-way' and also in the analysis, and some of the management of the project. Now you had quite a clear brief to be the interviewer - I wondered if there was at any time any way that you felt that your voice was being heard or not heard? and any dissatisfactions or valuing that you felt along the way because of that?

P - I felt my voice was heard as much as I wanted it to be heard and that you often did ask me what I thought and what my experiences had been and I did give you some feedback about students feeling upset about this, that or the other or concerned about various things. And for me that was OK because in a way that was the limit of my interest ..... my interest was mainly working with the students, and, also due to the other time pressures I had but I can't help feeling that um ..... I think I did a fairly good job of the interviews that in a sense I can't help feeling that I you'd found someone else to do the interviews who had, who perhaps had more time to give to the project, they could have done the interviews of course but they perhaps might have wanted to have more of a voice and might have made a more valuable contribution - I mean that might have been a valuable voice. Er ..... so in one sense, I don't know, maybe you lost out a bit.

HP - If you'd had more time, imagine you were this person what sort of ways might you imagine they could have contributed to the whole project?

P - Its hard to say but um ..... perhaps thinking about expanding it along different lines maybe, exploring slightly different issues at different times, it is quite hard to be hypothetical but I am aware that err ..... because of the time pressure I felt and because of my own particular interests I was interested in meeting the students and in talking to them and in a sense almost the questions - yes you gave me the questions and those helped but that was like the limit of my interest really.

HP - Didn't you read the transcripts?

P - Oh yes, I read the transcripts as well, yes and that made me think .... if I'd had more time or it had been a different person they might have picked up more of common themes might have more ideas. I'm not able to be more specific than that. Maybe I'm simply aware that I didn't give it, that I was only the interviewer - and I was happy to be that and .... normally if I was in that role in a research project I would somehow being the sort of person I am I'd like to get more involved and have more ideas, but in this case because of time and the distance and everything.

HP - One of the ideas might have been to look at the transcripts and analyse them for common themes and maybe cross check with whoever else was doing the analysis?

P - Yes, and for example I didn't come to any of the debriefings and I think if I had come then I might have had more comments to make and become more involved.

HP - You were invited to these .....

P - Oh yes, I'm not saying it was you I'm saying in some ways where my interest ending but also the limitations of time and distance. Although I say, that's why I'm saying I had as much voice as I wanted to have because you always asked me and we often had quite long phone conversations afterwards.

HP - Yes, debriefing by phone.

P - Yes.

HP - The other thing that people have said is that although they were given a lot of information at the start of the research, given an informed choice as it were, they felt it was no choice because they were students on the course and it was all a beginning and it was like the research was just another thing and part of the course they thought. So they all volunteered. They didn't really feel like it was a voluntary thing.

P - Its like elections in a one party state. (laughs)

HP - Yes, good analogy, although they had all the information and participating in developing code of ethics and deciding the fact that it was going to be anonymous and all the tapes having letters and all of that idea um .... it didn't really feel they had a choice in whether they were really going to become a part of it. And they didn't realise it was going to be as long as it was or how much time it would take and how much involvement it would take um ..... and maybe they wouldn't have volunteered if they'd known that before - so I mean the idea of choice - how much information did you feel you were given enough of what research was about and the aims at the beginning. Did you feel you had enough information to make a choice to be involved?

P - Well my position is slightly different from that of the students obviously. But I understood what the project it was about but was different because initially you'd said it would be two to three students and then it suddenly became much bigger because everyone volunteered - um - which was a good thing for the project but it meant it was more work than I initially thought I was letting myself in for.

HP - That's exactly what they said!

P - In terms of reading the transcripts and doing the interviews making the arrangements. Also initially when I first said I'd do them I was a bit confused because I somehow I thought I'd just do the interviews and then I realised that you wanted me to make all the interview arrangements as well but that got sorted out. A bit of extra work which came up which was fair enough but which I hadn't anticipated was needing to read the transcripts quite a few times because things weren't all that clear on the tape so yes it was more work than I'd anticipated and um ..... obviously because more students there were more confusions or more arrangements to make regarding who gets fitted in at what time - it was that which led to my feeling that I didn't think I could do it anymore.

HP- That was this last time.

P - Yes.

HP - But there was another time, half way through?.....

P - Yes and that was again due to .....

HP - So much work.

P - Yes.

HP - And that's when they started coming to you .....

P - Yes.

HP - That's when I took it back to them "What do you want to do - get someone else?" and they suggested they came to you because they wanted to keep the connection, thought that was important to keep continuity.

P - Right.

HP - But they appreciated me - having one chance of having me to interview them this last time because it was very different the pluses and minuses, we talked about them.

P - Oh I'm sure it was.

HP - But of course they couldn't have felt as easy with me when I was actually course leader.

P - What were the difficulties?

HP - Well they felt that they could be more connected with practice and with DMT and with my - the way of forming the questions was err .... for them felt pertinent to where they were at in terms of their current practice.

P - Yes, right.

HP - So that was one, of course it was different because you weren't dealing with practice in yours at that point or very limited whereas all the interviews this time were dealing with the experience of the DMT Group related to what they're doing now.

P - Right.

HP - So I'm sure you'd have done that just as well. One said it was less therapeutic one said it was more therapeutic. Another one said it was more like supervision because I'd been their supervisor so she could see me in that role. That was it. They were bound to be different

anyway with any interviewers.

HP - It was good to have had that experience. I'm really glad to have got the chance .....

P - Yes.

HP - To do that - it was almost fortuitous because in terms of the research now we've got something to compare and they could actually begin to identify "Yes" - at one point I was almost crying with the connections that they were making in terms of the validity of that DMT Group experience actually as being such an important learning experience that to help them became more aware of their practice and what they were doing in their practice I was almost in tears because of the strong connections and they were saying at the debriefing afterwards you could never have, you know, if you'd been interviewing us you'd have been too emotionally involved we'd have almost been saying things to please you whereas with you they didn't feel they had to say anything to please you although they knew I was going to read them it was one step removed they felt they could talk to you in a much more open and honest way than they felt they would have been able to with me. Although this last time they felt they could cos I wasn't course leader.

P - Also they'd left.

HP - Yes. It was a very different situation interview this last time than if I'd done it over the two years.

P - Right.

HP - But it was a lovely experience to have had because I'd always felt so removed from them, the interviews, these words on a paper. In terms of your reading of the transcriptions though, I'm interested to know how that helped or didn't help. What was the benefit of that if there was one?

P - Usually by the time I'd read the transcriptions it was like several months after I'd had the previous interview and often I would find myself getting quite surprised by the words I read and maybe that links to what you were saying that although you read the transcripts they are removed because to me the feeling had not been quite like that .....

HP - The words didn't convey the feelings.

P - Yes, I couldn't remember that particular student having used those words, obviously I can't remember every interview but I couldn't remember err ..... so I'd be surprised and I'd say "Oh I couldn't remember that she'd said that." for instance - so in that sense; if I'd had more time maybe I'd have sat down and looked through them a lot more carefully rather than simply looking through them to give me quick reminders or looking through them because they were blanks in the tape and then they might have had a different value for me but as it is the way I used them I think the value was fairly limited because I felt that from interviews any one student from one meet to next I had just about enough in my mind that I remembered about the previous

interview for me to carry on the next one and that was enough.

HP - Did you find the schedule helpful though?

P - Oh the schedule was helpful. Yes especially initially. I mean after the first few interviews it wasn't ..... it was helpful, but it didn't like it didn't quite matter so much because it was, I mean I knew in my mind what had to be explored I had a fairly good feeling.

HP - Cos you've got a tacit understanding of things because you did the interviews.

P - And most of the time it was similar sorts of issues that had to be explored and one or two extra which had arisen but initially yes it was very very helpful and later on of course as well, but I didn't need to depend on it so much.

HP - And did you find my analysis of the major themes or the contradictions matched in some way with your tacit knowing because you'd conducted the interviews? You'd got this, I hadn't got it but had to read the transcripts to get the knowledge.

P - Yes it did match err .... it matched not totally because you were basing it on other things, each were happening during the course, were you not?

HP - No, only in the transcriptions.

P - Once or twice I felt you'd added things and I actually asked you about that but maybe presumed you were adding them or on the basis of other information.

HP - I did it only from the transcriptions. Can you remember an example?

P - Actually I can't only that particular feeling but I do remember that for instance the issue of anger you explored that much later whereas for me I picked that up very quickly and it wasn't around in the next schedule and it arrived several schedules later whereas I picked it up almost during the first set of interviews.

HP - You might have picked it up from tone of voice, body language .....

P - For sure, yes that's right - that's what I mean - that's the difference. Yes, err.... the other issue which I think you picked up in the last one which I was, which they never really said anything about but which I was aware of was the fact that it was an all women group.

HP - Yes, they never said anything about it did they?

P - But um.

HP - In terms of overt!

P - That's right and I thought my God this is a highly unpolitical group of women and I wasn't

quite sure what it was about and so I wasn't sure whether, and I felt it needed exploring well because I think it was an important issue in a therapeutic group or whether because of something I'd picked up from them. But like you explored it in the last schedule.

HP - Well they'd been denying it for so long I thought we'd got to get this out as something which hasn't been said. One thing that's so obvious.

P - That's the thing I never understood about that group.

HP - Its come out a bit more strongly now.

P - Because they were talking about their relationships with men, fathers, women and some things to do with sexuality and you know their self image yet never talked about the fact that there was no man in the group.

HP - I don't think it had been addressed in the group anyway - so it was lost there so I s'pose as it didn't come up there as an issue it didn't come into their awareness to actually talk about it when talking about their experience of the group.

P - Yes, but ... that's often the question I ask are the questions relating to your schedule but there's a whole variety of things for instance how does the group makeup effect the way you feel in the group? And how do your outside relationships affect the way you are in the group or how does the group affect how you are outside. I mean I would have thought that was going to, that all surprised me and maybe that's something if I was making up the schedule I would have put in much earlier. Yes, I still sometimes wonder about that as to why it was that it never came up and in fact even when you did the last schedule it was there as a specific question they were quite passive about it like it was therefore yes I s'pose its affected .... therefore it was

HP - I'm searching now for what to ask you in the reflection.

P - There's one comment I would make is um .... I think for some students it was OK but for one or two there was some resentment about the fact that they had to come here.

HP - There was?

P - Yes, and it was partly against me and partly against you because as far as they were concerned you were the one who'd set it all up you see.

HP - I was the one who'd set the research up.

P - Yes, you set the research up which was also but part of the like the volunteering again, it's like thinking somebody is just coming to college so in that sense you were responsible.

HP - Well it was originally.

P - Yes, that's right. So there was some resentment and then it sort of came out soon after the



ime you left the course as well.

HP - They were quite angry with me.

P - Yes, right so I'm not sure how that affected the interviews. Well I'm sure it did.

HP - Might have provoked more anger and brought the anger out more.

P - Yes.

HP - Yes that whole process of shifting from a college base was difficult for them I mean they wanted to shift it because they wanted to maintain contact with you, but it was also a difficult thing for them because it located the research as part of the course and of course the DMT course takes place at college. so it had all been to do with the course but by separating out that by coming here for example for the interviews they had to take on board but the research wasn't part of the course - that it was actually something separate.

P - I think for some of them they said it was quite nice for them because they could realise, make them feel the interviews were part of the research but it could also make them feel they could value the interview more as something for themselves. Because lots of time the students said to me that they were getting a lot from the interviews and for themselves its not just something they are giving because they are part of the research project but for them its like a counselling interview helps them to bring things together which are personal to them and the fact that it was outside the college made them feel yes - they are going for an interview - which was for them.

HP - More special for them.

P - Yes, um ... so I think its balanced by the positive effect as well like several said it was nice to see me in surroundings which were different from the college. Here they could have a cup of tea, be more relaxed. They had positives as well.

HP - So although some had a long journey for a couple of them for convenience the college was ideal but at some point they would have had to make the break from .... after two years cos they would have left so it was just a little bit earlier than I would have anticipated. But I don't think although the resentment was there for some people, I think they were positive. Some people found it different.

HP - That's interesting because I hadn't picked up as much as you about the change of venue for interviews.

P - When it was at college it was like one interview after another 1 - 12, 12 - 1 someone was in a slot and someone else was waiting and there were other things. I often found people stayed and had another cup of tea here, after formal interview finished, chatted - obviously to some extent some of them keen to do that - wanted to stay - found that quite positive or they'd have gone.

HP - And if there's not someone waiting outside not the same pressure .....

P - Yes and because it didn't feel so formal where there's two hardbacked chairs and a table - was possible to have just a chat after the interview. Yes.

HP - Yes, that probably helped, the contact, in the relative informality. Is there anything else dissatisfaction from you or from students?

P - I think there were some worries about confidentiality. Well people asked about it and at one point and I think someone said they were a little bit worried. I explained it all to them.

At one point you played one of the tapes at a debriefing when wanting to tape it and I think it was Maggie's tape and she recognised her voice.

HP - Yes.

P - And after that several people came for the interview they did ask.

HP - Maggie was coming back to college from her interview and she was asked to pass her tape onto me because I hadn't got a tape for debriefing and something like that.

P - Can't remember I think so.

HP - I was sort of rewinding it to get to the beginning and didn't quite get to it and played it by mistake.

P - Yes, that's right.

HP - I was going to wipe it you see. Each tapes been wiped now.

P - So other was some concern. But later on they said in any case when you (HP) reads the transcripts you can probably make links and because of things going on in college guess the people anyway - there seemed to be less concern about it.

HP - More concern at the beginning?

P - Yes.

HP - There was quite a lot at the last debriefing. Very scary for them - really keen to have this system of A-F letters for tapes. Anonymity very important for them.

P - Apart from that there weren't any concerns really in fact if anything the group probably got something special for themselves which other groups won't have. And one comment everyone made was that the interviews really helped them it was like getting together of the experiences of the teams not just the DMT group but generally and they really felt they should be inbuilt as part of the course. People get that space once a term.

HP - Well, this project is about curriculum development so those kinds of ideas will be made public and fed back to the colleges.

P - That was consistent feedback to me from everyone to have that space at end of term was very valuable. Some suggested it could be built with supervision, others said important to have someone who was outside.

HP - That's good they felt they were getting something out of it so often in research they are the subjects and they do this thing to please the researcher they don't feel they are getting anything for it themselves.

P - I think they definitely got a lot out of it.

HP - That was one of my aims that they would actually be co- researchers by the end getting something for themselves and that you too would get something for yourself. I know you were getting money but you know that was important but it was more that you were getting some kind of personal or professional input to further your own learning.

P - Just from hearing what they said I would recommend that interview slot that's an essential space they need.

HP - All good evidence in terms of making sense of the research and in their conclusions, curriculum development recommendations.

P - My feeling was that it was good to have someone who was not part of the process of the course (teacher or supervisor) like for example at the last interview you could make it more pertinent to their practice, every time they brought up an issue there might be the temptation to relate it to practice, whereas I didn't. It was a good thing I wasn't a dance movement therapist because then I could focus on them and their personal development rather than training and what you should be doing and how is it pertinent to your practice or ever asking .... because I don't know much about the theory of it or the other modules. I couldn't make any connections. I couldn't say well how does this link in with that module that you've done.

HP - I would have been tempted.

P - Well I couldn't do any of that. Does this link with the lecture you've received or with chapter X or theory X. All I could do was link it to how they were feeling and what they thought about it.

HP - Well that was exactly what you were meant to do.

P - I think that was very positive.

HP - Because at one point I had thought of a DMT doing it, your job. Something told me no - so I had an inclining I thought they might do something else that they weren't meant to do.

P - So the links I made were of a totally different sort than someone who knew more about the therapy or was at the college itself. That data would be just as useful but not the same.

HP - They would be tempted to make other links and I don't think they focus so much on the person.

P - Yes, whereas for me focus on person - how do you feel about this and how does it link with your relationships and other issues.

HP - You had no vested interest in the course or group, very little knowledge of it as well, you knew I was keen on an outcome but you had no axe to grind in the outcome of the research.

P - And also in terms of it being useful for the students they were saying all students alight to have that space once per term to help them gel things - it was useful that it was not a therapist or someone from the college. Even someone who knew less about dance than I did would be fine - my amount of knowledge dance was not necessary. Counselling and interview skills is what's needed. I've shared impressions with you throughout so there's nothing else really.

HP - Its been useful to gel the whole view though and to finish the process, say goodbye to you on the project.

P - Meeting once again.

HP - Yes, July HL is arranging it at her house - a day. Thank you for your time today and also for your input on the project. Really appreciated.

P - I enjoyed it and got quite a lot from it. It was nice knowing the students.

## **BIOGRAPHIES**

### **INTERVIEWER**

**1973 - 76 BA (Hons) Psychology**

**1976 - 77 Assistant Industrial Psychologist, career guidance interviews for staff and families, recruitment interviews, other personal problems related work with staff**

**1979 - 80 MSc Psychology. Training in Counselling skills, career counselling, working with Dyslexic children**

**1982 - 83 CQSW Training in counselling interviews, play therapy and child guidance work which involved family interviews**

**1980 - 86 Social worker, counselling work with wide range of social services users as well as working with groups**

**1986 - to date. Training Officer working with groups some of the processes are similar to counselling skills, eg. establishing rapport, use of open questions especially in personal development training**

### **DMT FACILITATOR**

**The facilitator's relevant biography at time of study 1988-90 (requested and submitted for appendices)**

#### **Qualifications:**

**BA Psychology (Haifa University, Israel)**

**PG. Dip. Dance Movement Therapy (Haifa University)**

**Diploma in Psychanalytic Psychotherapy (Institute for Psychotherapy and Social Studies, London) 1987**

#### **Part time Work Experience:**

**DMT with groups in psychiatry since 1980**

**Work within private practice (individual) since 1985**

**Supervision and tutorials of DMT students since 1986**

### **SUPERVISOR**

**The DMT group facilitator's Supervisor's relevant biography at time of study 1988-1990: (requested but not submitted - this is an extract from a college validation document 1988)**

**BA(Hons) Fine Art (Leeds Polytechnic) 1975**

**PG.Dip.Art Therapy (Hertfordshire College of art and Design) 1977**

**PhD. (CNAA) Hertfordshire College of Art and Design 1983**

## **Work Experience:**

**Part time Art Therapist 1977-1984**

**Part time and full time lecturer (including supervision of art therapists) in Art Therapy since 1979.**

Interview (f)

- 1) Denotes Interviewer  
2) Denotes Interviewee

- 1) Do you know what we are here for?
- 2) I believe you are going to be asking me some questions about how I see it fits into the course for Helen's research.
- 1) (unclear) - but mainly seems to be explaining about myself). I gather you had a DMT group today. I am sure that affects how you are feeling now.
- 2) Yes! and it was the last one for the term, and we won't be meeting till 23rd January, so it will be a long break.
- 1) Yes, what I want to do initially is to go back to the time you actually started the course. If you remember, you filled in a questionnaire which asked you to think about your expectations of the DMT group. It probably feels a long way away, but what were your expectations and worries about the group at that time?
- 2) I think it was all mixed up with the course, and I think I answered the questionnaire with that in mind rather than the group. You haven't got it here? It would be interesting to see.
- 1) No, but I do remember thinking that one or two Questionnaires had actually talked about the course rather than the group.
- 2) Yes!
- 1) What were your expectations and worries about the course generally?
- 2) Well, being very ...now...I'm not a dancer, so the newness was quite alarming.
- 1) You are more from a therapy background?
- 2) Yes, I suppose so. I was in family therapy, although there are many areas in social work I don't know, which I think I'll be exploring more later when I do my degree, so whereas others were dancers professionally or naturally, I thought it would be difficult to get into.
- 1) And what were your expectations?
- 2) (pause) They were really mixed in with the course (long pause). I'm having difficulty with this question. I can't remember them and I'm not sure what they were.
- 1) About the course or about the group?
- 2) About the course generally. I'm not sure what they were. Well, I suppose that we would get to know each other more in the group and that it would be time for us, rather than just information coming to us. And I already had a sense that that is important.

- 1) Was it hard for you to answer the questionnaire then?
- 2) Umm, I think I did quite a lot of it off the top of my head.
- 1) It must have felt hard on day 1.
- 2) Yes, I thought if we had more time to do it in, or even do it at the start of the DMT group - Day 1 was horrendous and it was like, "oh you've got two minutes to do this in, just fill something in.
- 1) How do you feel about the group now?
- 2) Oh very good. I mean, both the people as well as being in the DMT group. I enjoy it. And that feeling of being therapeutically heavy. I don't feel that at all. I feel very 'live' actually and it's also very-----for me, as somebody who has not done a lot of movement and dance to feel.....?..... I have explored things verbally in the past. I feel it's like another approach, another strand.
- 1) What do you think you've gained from the group so far?
- 2) ---The opportunity to do things through dance. (long pause) Different ways of exploring therapeutic ideas. For example, last week, I - Monica was mentioning pains in the body, and I felt quite a pain in my should, and I did my movement by my left arm and it felt like adding another dimension to me. It was only 15 minutes then we sat and talked, but it did quite a lot for me in half an hour and I felt that it's helping in areas of my life. The next day I was a lot looser, and in fact mentally too I got quite upset. It's an opportunity to let go.
- 1) Are you saying that you were more able to express emotions the next day, and that upset you.
- 2) I'm saying that I felt loosened up and was able to get into something that happened the next day, and get upset about it.
- 1) And that is physically and emotionally.
- 2) For me yes, and that is the way the group has individually helped me. We are quite nurturing to each other now. About 3 weeks ago we experienced our birth, actually became a group and the group has felt different since then and I think others feel it too.
- 1) What was it specifically that happened 3 weeks ago which made you feel that?
- 2) It was quite symbolically aching out. We come from different back-grounds and we've been jostling each other, (trying to suss out???and something happened in that session, in some way. I felt more responsibility to take care of the group and each other. Something like that (long pause), which doesn't exclude the fact that last week at the beginning of the group I felt quite outside it.



- 1) What do you think affects how you feel about the group at different times? What engages you more than other things?
- 2) It's something about getting the balance between having the individual time and then coming back to the rest of the group and other people knowing about it. That's what makes it alive.
- 1) You mentioned earlier that one of your fears was that people would be better than you, how is that now?
- 2) I don't feel it at the moment, but I wouldn't.....unclear....1/2 sentences). And for me, I do have a sense of it's a very new thing and why did I get into it, and I have quite a strong feeling of just going along with it to see what happens, and that's okay, but at the end of 2 years, what will I be doing with it? Will I actually use it - I'm not sure. So that affects if I had a really strong sense of purpose, it would be different. (-----unclear----- 1/2 sentences).
- 1) What do you understand it to be, or what's been given to you as being, the aim of the particular group.
- 2) That being in a group like this is how it feels like to be a client. I feel that at the moment but beyond that, I'm just me.
- 1) You expressed that it might come up again that people are better than me. Are there any other worries you have about the group?
- 2) I think I have had worries about people being better than me - and this is related partly to the group and partly to the whole course. I'm 40, and I've been sick quite a lot, and there are people who move with a lot of ease, and that's where I get competitive. Again, If I'm feeling okay about myself I can find my own pace but if I'm not, it's difficult. I do have some anxieties about----- it being hard work but I also find it stimulating.
- 1) Do you think the DMT group can help you deal with this anxiety about finding your own pace, or what your level of moving is?
- 2) Yes! I think I've mentioned it in the group. I missed the first 2 weeks of the group because I was away with bad flu and when I came back I had lost weight and felt wobbly, and I expressed some of that anxiety, feeling not very strong on my feet.
- 1) Can the group be a forum for-----unclear-----
- 2) It should be really. I find that a little threatening because at some level I'm very wary of trusting, like today, Monica was talking about loss and I got a bit - oh I don't want to talk about that, and what came up for me in the tutorial with Bonnie was talking about - as a child not moving very much and that felt like a loss, and how can I handle that in a therapeutic situation, talk about it, without being all over the place. I feel I need to be contained.

- 1) Do you have expectations about the role the co-facilitator should be playing in the group, or did you have any before you started.
- 2) I don't have any expectations now, because I've got used to her. I just feel comfortable with her now. But in the first few sessions, I was looking out e.g. is she going to be really dynamic here, or make some therapeutic comment here (laugh) I was curious about how she would intervene and how much she would direct. Curiosity, and comes from being in other groups. I am in a bio-energetic group which is very directive so it's interesting.
- 1) You talked earlier about not wanting to express certain things in the group e.g. thinking of not moving as a loss, and maybe you can't express that in the group because you need the containing. Do you think there is anywhere else on the course, or elsewhere, where you can express?
- 2) Yes, (long pause) I'm in therapy, so I ought to get it there. Maybe not completely. Also from the relationship I'm in, but I have a reluctance to let go. Probably I don't need containing at all. It's just me.
- 1) It sounds that at the moment you don't have any expectation that the DMT group can be that containing element.
- 2) No, I don't!
- 1) Is that an expectation you might have in the future, or you think other people in the group have?
- 2) Other people do, I think, but for that to work (long pause) we all need to have it really, to some extent. That last bit I'm not prepared to give yet. I feel very good about the DMT group but fine, thank you very much.
- 1) There is an element of fear about it?
- 2) Yes, although I don't experience it as fear. It's a very nice group (unclear). We live everywhere though, and if something happens in the group, that's where it should be dealt with. But-----
- 1) Do you think it might change in the future.
- 2) Now that you mention it (laugh), now that you ask me to think about it, I suppose it would be good (laugh).
- 1) 2 years is a long time.
- 2) Yes.
- 1) You do feel that you can work at your own pace. I don't get the feeling from you that you feel a pressure to start revealing.
- 2) That's right, though perhaps I need a little push. Maybe not. (long pause).

- 1) So what do you think you have gained from the group so far.
- 2) Helped me to become involved in the course. Very much so and exploring for me about moving, and a lot of fun, e.g. today and sharing.
- 1) How is all of that different from the other groupwork you do on the course?
- 2) Elements of all these things come into the course. Even times spent having coffee together are worthwhile. But the group is very important.
- 1) You do have other groups on the course?
- 2) Yes.
- 1) So how is the DMT group different?
- 2) Well, it is regular. It's a nice long time - one and a half hours, not assessed, which is a nice feeling, with a different person who is special to that time. And also a special ingredient (pause), it's more in relation to me. What's quite interesting is that when we were talking about loss, I did get quite upset, but not in the therapeutic time, but in the information giving time, when we had to get on with the course.
- 1) I wonder - that probably felt safer for you.
- 2) Yes.
- 1) If you try and project yourself into the future. I know you said you may not be a dance therapist. Maybe you'll just take bits of what you have learned into your work. What do you think you will remember from this particular unit as being of value to you?
- 2) I think the relationship with the people within the group, I think in that group we do express something of where we are at, in terms of each other, as well as generally and I would remember the strong bond (inspite of my reluctance at times).
- 1) Well. Thank you.

Extract from Interview Transcription number 6(f) September 1991

know.

A: It is also sort of positive feedback isn't it that person decides to loose you

B: yes ya... absolutely very ya... ya..l (silence) but I think whole and very complete (sigh) (silence) very also part of me feels quite resistant to continue the research as well because it is like well I have done it this group is really finished (laugh) you know um...

A: In a way clean breaks are easier

B: Yes quite, yest exactly yes, yes...

(silence)

Yes I think I might see it differently, complexities (laugh) here and there but I think it is also actually quite crucial in terms of seeing the first year of our lives in the profession and professionals, that we feel that we have seen because it is a kind of support. It is a connection to the source and that is um.. and to Helen as well who is doing the course, was the source of a course, even when she left still maintained that connection of her, actually of her, and that is actually (not clear) otherwise I think it would have felt like too much accessing, too much taken from it. Ya.. I have not really thought of it like it. I ~~~

January 24th 1992

HP : Initiating researcher, interviewer

HL : Co-researcher

(HP) This is the final interview, really linking to how you work in DMT, so the first half we'll do a reflection on the experience of the DMT group with the themes which came out of the last set of interviews and then we'll look more at practice but I'll try to help you relate it as best I can throughout.

So ...the first thing that came up from the last interviews was the idea of loss and ending (HL) mm... (HP) and the pain around that the ending of the final stages of DMT group and I wondered was there anything around that that you could enlarge upon or perhaps reflect on that experience now..and perhaps offer (HL) mm... (HP) some further comments...?

silence

(HL) MM...Ya , I mean it was an interesting time because in other aspects of my life a lot of other things were finishing and ending as well so it was like a sort of crescendo, of endings ..it all came together around the same time so it kind of heightened what was happening in the DMT group because it was happening in other areas of my life; in a way that was quite compatible in a way (laughs) it was one huge big sort of end. ummm... it was interesting because with endings I think there's a lot of ambivalence and there was a lot of ambivalence then and there's still a lot of ambivalence now about the end about having had that end.

(HP) can you say a bit more about what you understand about the ambivalence?

(HL) well, just in some ways being quite relieved because it marked the end of college the end of what was quite a long struggle you know getting in to college and you know (HP) mmm....(HL) the group was a struggle there were some difficult issues that I was working with in the group. In some ways I felt I needed a break from working with these issues (HP)uh huh... (HL) I felt I needed a respite from them (HP) SO you were quite pleased in some ways that there was an ending coming up? (HL) ya, ya..(HP) that the ending would give you that break.. (HL) ya that's right, but on the other hand I did feel, I mean I do feel a sense of loss of that group because it was a very special space and that... you know I don't have that in my life any more and I realise how much I put into the group how much I could take to the group and how much I could kind of work with it in the group but i don't really have anywhere else to work with it at the moment i haven't really created that for myself, maybe that would be finally letting of the group (Laughs) to create a new space, maybe there is something (HP) right,(HL) maybe there is something in that, that I hadn't really thought of that.. it's interesting that I haven't (HP) yes (HL) found that and i recognise it a need but i haven't actually

given myself that.

(HP) and do you feel that might be linked to you not perhaps letting go of the group yet?

(HL) possibly yeh....yes.....yes.....um.....what else do i want to say about the ending (quietly) it was a celebration as well, I mean it was quite joyous and very moving and each person the way M facilitated it each person had the opportunity to say goodbye in their way (HP) mm..(HL) and it was a really individual mark from each person, and what I really appreciated was M being yes there as a therapist but somehow it slightly changed in that last session somehow more of her was there rather than the therapist, less of the therapist and more of M, (HP) yes. (HL) less of her sort of professional role and more of her as a person sharing in this pain of losing the group losing us (HP) and it sounds like it you were experiencing her as having less err... different kind of boundaries

(HL) yes, yes I don't know whether she did or whether that was just me, my boundaries were changing part of my transition, that was partly the way I saw her in that transition, or whether that was actually happening, umm....but you know it was very moving to see her openly share her grief and that was very important to witness that, see that (HP) mm..

(HL) and very brave as well i realise that that's actually a very brave move to make as a therapist talking post course now, and actually it sometimes when I'm finishing groups I tend to sort of block a bit you know I tend to umm.... sort of cover up sometimes and put on more of a professional front ...

(HP) towards the ending?

(HL) yes, as a way of kind of not really getting in touch with my own pain about the group, then I'll work on it somewhere else, I'll take it somewhere else (HP) yes.. (HL) but not in the group, that's a fear of perhaps some of those boundaries dropping um..perhaps makes that happen, I don't know...But just thinking about seeing that happen and the effect that had on me, I realise the value of being honest with your feelings and just sharing your feelings very openly to a group when it's ending rather than making a possible false front.

(HP) so that was the learning you got from that experience around the ending in terms of you as a therapist, I'm wondering how you deal with endings in your practice now?

(HL) well, exactly, I think what it revealed to me or what it showed me was it was really ok to actually be there, really present at the ending to not be one jump ahead or one behind but to really be in the present with the feelings that I had to communicate that at an appropriate moment with the group and it's a way of giving them permission to also as a role model to release feelings because if that stuff doesn't come out in the group at the end then where does it go because that's the end of the group so where does it go after that it's going to get taken and splattered all over the place and the real power and the healing in the ending I think is in bringing that pain of that ending into that ending and dealing with it in that present space.

(HP) mm...so is that something you are now able to do ...this blocking you were talking about....?

(HL) yes because around that time, there were quite a number of endings I mean I lost quite a lot of work, also I moved home I'd lived in a house for three years with my ex-partner and there were just a lot of goodbyes to say and I found I was just able to deal with them better I felt stronger I felt um.. less afraid ..

(HP) do you think this was a direct result of your experience in the DMT group?

(HL) it's difficult to say isn't it but....(sigh) ..I think it is because I haven't ever had an experience like that in any other situation. It's quite a unique situation because I've never been part of a group for that length of time working at that level we did (HP) mm..mm..(HL) sharing the things that we shared continually for a two year period.

(HP) do you think it was different in the DMT group from the general ending of the course, did you see a distinction there , or was it all tied up with the ending of the course?

(HL) Oh no I felt the ending of the DMT group was quite separate, that felt like quite a separate ending, there were other endings happening around obviously the ending of the course and saying goodbye to the tutors and one another outside the group, but the group felt quite separate from that and indeed there was a feeling of really wanting to protect that ending and keep it separate from the rest of the course (HP)mm.. (HL) because it was a different quality of ending (HP) mm... mmm.... (HL) ....wanting to preserve that quality.....mm.....

(HP) OK shall we move on then?

(HL) MM.. yes.

(HP) another important theme which arose out of the last set of interviews which was of course before this ending period was to do with the development of people's individual self confidence and a sense of them being themselves in some new way and I wondered whether that was true for you and if it continued throughout the ending period and sort of afterwards or whether that was something that was in a way just for that moment in time when we had the interviews before the end of the course which was March.

(HL) mm..Becoming more of yourself?...

(HP) yes there was a sense that in the themes around people feeling more themselves, more self confident....in themselves...

(HL) mm...mm... yes well for me that's just a continuing process and for me it will continue until I die (laughs) I think probably what happened on the course was that it heightened my awareness of my need to do that.

(HP) how did the DMT group heighten that awareness?

(HL) (silence) because.. how I would describe what happened to me

In the DMT group was like an archeological dig with my body, it was my own psyche I was digging into through my movement experiences and it was just unearthing and err.. recovering, recovering parts of me (HP) mm... (HL) that were known to me on one level but weren't conscious, just becoming more whole.

(HP) mm.. and is that linked then to the sense of being yourself, because the more whole you are the more sense of yourself you can experience?

(HL) definitely, definitely, that's right and I think something about umm.... um the fear of not knowing parts of yourself and being quite fearful of the sort of err... (sigh) the shadow the shady bits the dark bits that you haven't shed any light into, you haven't investigated you haven't gone down into those caverns and shone a torch and seen what's in there (sigh) er..somehow going into some of those depths, into some of those caverns and shining a torch and having a good look and being horrified (laughs) and being quite terrorised as well at points but being in a situation where it was a contained space where I was being held and it was a nurturing loving caring environment (HP) mm.. (HL) in which to make that exploration somehow um..it's um.. alleviated a lot of the fear of the unknown because I know more, so I don't have any...you know-I'm not saying I don't have any fear any more but I know I can overcome my fear around the unknown bits of myself..

(HP) and how does that relate to feeling more self confident?

(HL) um...

(HP) the fact that you're not so frightened?

(HL) just that I can be comfortable with me more of me, really and feel literally more at ease with myself, umm because I can recognise more things don't come as a surprise (HP) mm (HL) there not so shocking (HP) mm.. (HL) I can understand my processes a lot better..(HP) mm...(HL) I can see you know I can almost anticipate my patterns (HP) mm (HL) and then, and then I have more choice about changing them as well (HP) mm (HL) so it's quite empowering as well being able to recognise certain things.

(HP) so it's something about knowing yourself and knowing that there's choices that gives you more confidence in being yourself?

(HL) yes, yes. (silence) I think more is really the word actually just if.... I feel umm.... sort of the whole experience in the DMTgroup if I were to use just one word I would use expanding. (HP) mm..(HL) ....really on all levels..umm... and just becoming more of who I am.

(HP) more levels, could you say about more levels and somehow give those a name?

(HL) well on an emotional level, my capacity to ..hold the emotion I have inside of me (HP) mm (HL) on the physical level I expended through moving in ways that maybe I never moved before (HP) mm..(HL) in having new moving experiences um....cognitively I made the connections and understood more about myself and of course relating it always to other people because in their development .. witnessing their development and having more



understanding of other individuals in the group (HP) mm (HL) making the links, the inter-connectedness, (HP) yes (HL) and the common humanity you know,

(HP) is that why it was important to be in a group and not individual DMT?

(HL) I think that's one of the um.. err.. the plusses of groupwork definitely er.. I think the ....there were some things that for me on my own individual work that I began to feel um....not too happy about exploring too much of in the group context I felt there were just so personal and private in many ways I wasn't ready to show them or reveal them to the group (HP) mm (HL) I somehow, needed, umm, a one to one situation or to be in a group with women who were err exploring similar things (HP) an issue based group? (HL) yes, yes, because what came up for me was a sense of some kind of abuse it felt like the content of it could have been sexual (HP) mm (HL) very life threatening and very pre-verbal at a very early stage no words (HP) mm (HL) um just umm a bodily reaction (HP) mm (HL) that kept surfacing constantly when I least expected it and I had to pay attention to it (HP) mm (HL) um.....

(HP) so that was one of the things that were very private that you found that wasn't appropriate that time to share as a large group?

(HL) well it did come out but it took a long time (HP) mm (HL) I would say it took about I dunno ...a good 6 months maybe more for for perhaps that word to be used that sexual abuse might have been at the root of what I was experiencing (HP) mm (HL) ya.....

(HP) and how do you think understanding that or paying attention to that in the DMT group has helped you in your practice?

(HL) (sighs) well, um I'm always aware that anybody that i'm working with especially women and especially young girls in special needs settings who are maybe pre-verbal non-verbal or who have limited verbal skills who are quite vulnerable (HP) mm (HL) and um err...may well have been exposed to levels of abuse whether it be sexual or physical and umm I think I always hold that in mind and I'm just kind of very aware....of it I just keep it in mind and I don't think I had it..I mean I used to read about it and I was kind of aware of it generally but now it's more specific and sometimes what I notice was actually while I was on the course, not after the course if it's ok to shoot back to that (HP) yes (HL) um there was one of my clients, walked into the room and it was just the way that she walked into the room it was the whole stance in her body and it was the way that she moved and afterwards in my supervision I ..I said to my supervisor, my line manager who was in the setting, I said um does she have a history of sexual abuse? cos to me it's so obvious in her posture and her bodily manner and er.. she said yes, she has, and I think my eye was more open to it (HP) mm (HL) um.. and I think I have a lot more empathy with that that cannot be verbalised (HP) mm (HL) because it's too early or because there just aren't the words for it or because it happened at a very early stage in your development and it's difficult to give it words (HP) uh..ha (HL) and that kind of expands beyond sort of sexual abuse I think it relates to the work I do with autistic people tend to gravitate towards working with autistic people quite a lot (HP) mm (HL) um

so it's that very early stage and amage hapening at that very early stage (HP)you're more aware of that now? (HL) and the consequences..(HP) yes (HL) yes, yes and the recurring patterns in my adult and teenage life things making sense that used to be a mystery to me i didn't understand why i felt that why it happened like that why i saw things in that way and now it just makes a lot more sense i sit more easily with my past and my present just as a result of having an understanding (HP) mm (HL) of what happened.

(HP)so both personally and professionally it's connected with you?

(HL) yes

(HP) um another theme was about anger and i'm wondering what actually happened to the anger that was around because that was quite a recurring theme throughout the two years of anger as an issue and that certainly came up in the last set of interviews before the ending and i'm wondering what happened to that anger that was around?

(HL) mm..mm..(sighs) I do..myself i certainly got in touch with um very angry feelings towards certain members of my family, um..and towards my ex-partner (laughs) and i was able to work with that quite directly in the group with that myself, yes. Umm..... getting angry with one another i think that was difficult for us

(HP) why do you say that?

(HL) I think it was difficult.....because.....for myself... I think i....might have... for myself....what i felt was if i actually show some of the anger i was feeling towards a particular individual that might carry on that might leak out into the other aspects of our course the day, and it seems quite difficult to actually to actually then ... move on (Tape unclear) to have sort of coffee i the canteen and do something like i don't know because we were such a small group (HP) mm (HL) and i think we felt very vulnerable in the college and i think to get really angry with one another was quite a frightening thing to do.....

[fear of br̄aking group apart and becoming more isolated, the vulnerable position of DMT course, relatively small new course only one full time staff member, in the college was felt by the student group and affected their ability to really take advantage of the DMT group around the issue of anger]

I certainly felt that anyway. Because we only met once a week the threads were quite thin in many ways interms of the bonding of our relationship although that grew over the two years it was always very tentative and i think we all sort of safeguarded we reserved some of our anger i felt (HP)mm (HL) i don't think it was just me although their was a member of the group who was good at releasing her anger and i found that really empowering and really exciting and sometimes that would activate me and i would sort of get on the bandwagon but it wouldn't be specifically directed to any individual (HP) mm (HL) you know but sort of stamping and clapping and shouting and maybe some mock fighting went on umm<sub>6</sub>

and also she was able to get angry with the facilitator as well which and an interesting effect on me it was absolutely shocked by this and wanted to leap to the mother-figure's defence and found it absolutely shocking but there was another side of me that actually really liked that rebellion and kind of colluded with it as well so I was very split (HP) mm (HL) loyalty suddenly, my loyalty was split ... but I.. consequently later I was able to get angry with the facilitator and say to her I was angry with her about an intervention that she made in one particular session that I thought was really inappropriate um.. and just harmful to my process at that point, and I was able to voice that directly to her.

(HP) so i wonder if you are saying that the fact that one person could express anger that freed you in some ways (tape player, mic knocked) I think I might just hold it (HP) yes (HL) OK..

(HP) so we were talking about the relationship of anger and how you experienced that in the group in relation to your practice.

(HL) mm...mm... I think it's very hard for people when they have to walk out of that room and then you know maybe there in a residential setting or a day centre of some sort or they live close by to one another and depend on one another for all sorts of things and usually the people that we are working with are quite vulnerable populations anyway who need to have people around them who need to kind of forge friendships and that's an important thing for them (HP) mm (HL) and i think it can be very difficult if you are not just meeting in a vacuum but are having other relationships with people outside of the group in other contexts, I think it is difficult.

(HP) so are you saying they might feel like you felt that expressing anger to each other in the group they might destroy the group?

(HL) yes, jeopardise... not necessarily the group actually but what's outside the group,

(HP) their relationship outside the group might be affected ?

(HL) yes

[good mirroring of the practice situation here then, in terms of the context of the group]

(HL) that's certainly how I felt I didn't think that I had the power to destroy the group it had it's own power it's own life but any thing outside the group on a one to one basis was ...had less weight..

(HP) can you say more about less weight?

(HL) umm....something to do with anything outside the group was initiated by those individuals the group was there before we were there, in a way, it was set up before we were there and then we walked in to a structure

[like the beginning of the research]

whereas our individual relationships had to build from nothing and that was just our work there was no structure to actually support that particularly.

(HP) so how does that relate to practice? The fact that you didn't have a relationship until you walked into the course.

(HL).....well I think certainly you learn you definitely learn um about boundaries and relationships, about the delicacy of relationships as well, um.. and about boundaries somehow i think a year on maybe we could have really got angry with one another in the group and then been able to recover the separate relationships outside of the group. um.. and continue, not as if nothing had happened but be able to keep them separate. be able to be a bit more boundaried that was beginning to happen a bit actually and we were talking about the need to do that and that obviously relates directly to the the role of the theraoist in the group and keeping boundaries.

(HP) Ok so if we move on um.. wonder if there is any connection about the research project affecting the DMT group, and how perhaps the ending of the group was if at all was affected by the fact that the research project was in fact in process still?

(HL) yes,.. I mean it ..we talked a little bit about it taking away from our ending a little bit because we knew that we'd be meeting one another again although we knew we wouldn't be meeting each other in that context in that group ever again, and that really was the end it was slightly cushioned I think um by the fact that we knew we'd be able to ..still have something.. salvage something you know there would still be a connection, and i wonder what it wold have been like if it had been the end. curtains. Or whether there'd be a different process that we'd have gone through in our ending i often think about that.

(HP)mm...and how about that in relation to practice?

(HL) endings... are kind of quite a big part of my work because I kind of get employed for a 10 week or 2 week period a very short, condensed periods of time and um.. and although for me in the group that is that for me the group finishes after 10 weeks um I know although I may go away from that group the group in some way still continues because, of the relationships there in the group, the setting that people are often in that they will continue in some way or they'll be having a different kind of worker come in and they'll have a different kind of group. um.....but I have been in situations where it has been ...I have worked in schools a lot as well.. where the group continues...

(HP) ther's some other reason for them to continue.

(HL) yes yes, that's right. I don't think I have ever been in a situation where the group has completely ended, died that day, gone.

(HP) so you have been the one leaving?

(HL) yes, yes mm...I think in that sense as the therapist you can actually take on more responsibility holding more of the feelings about endings because you ... I mean I wonder if the DMT group facilitator.. that was happening for her because the group is going to see one another again and i haven't seen her and I don't know whether I ever will you know there's a big question mark over that.

(HP) so are you saying that the facilitator-therapist might actually hold more (HL) yes, (HP) in terms of the grief (HL) yes

(HP) that might actually belong to the group, that can't be acknowledged because of these other predicted sharing of relationships after the end of the group.

(HL) yes, yes and it's the therapist that walks,leaves walks away from the setting and the group continues in some other waymm.. possibly.

(HP) Um..feelings of envy, competitiveness and jealousy came up as something quite prominent in people's experiences of the DMT group and I wondered if er.. again that was for you and relating that to your practice?

(HL) (silence) oh they're very powerful emotions envy, jealousy and what was the other one competition, I don't know I (sighs) I think I found it very difficult to get in touch with those for myself in the group but I got the sense that it was ..voiced to me that there was some jealousy towards me.. and it was a relief it was quite shocking as well..when..unexpected that someone could actually say that rather than hold it and let it fester and grow, it's a less dangerous emotional feeling for anyone to hold in a group if it's being talked about. (HP) yes.. so you were the object of jealousy (HL) yes, that's how i experienced it..

(HP) so then taking that out into the practice how has that informed your practice?

(HL) ..... I mean just that it's really healthy to have those emotions labelled and out and to work with them and to not let them become a sub-text particularly if your group is meeting with one another outside of the sessions and those feelings are not being owned and dealt with in the session and they are going to be.. err.. (sigh) umm come into play at some point in the session some people are going to .. receive those emotions from one another um... and one thing that we did do which got me in touch with .. I think it was kind of envy.....um and cunningness and um... yeh.. envy and cunningness and slyness... sort of feelings emotions and um... and she asked us to become an animal .. and I found myself becoming this really slimy slithery lizard covered with warts and these red eyes and this flicking long salivary green tongue and I really enjoyed that (laughs) enjoying being this foul creature, that was my way of getting in touch...that was very useful.

(HP) why was it useful?

(HL) I guess it was safer to project my feelings onto that that directly that image and work with that rather than be confronting

In the group with another individual .

(HP) and how does that relate to your practice?

(HL) well just that it is very useful to use images... as a vehicle for people to explore unwanted, unclaimed or unknown parts.

(HP) Yes, goodness...let's move on briefly, just a couple more. I wonder what you recollect about the mode of working? individually or as a group, there seemed conflicting statement as to what it really was.

(HL) Ya.. I remember thinking at one point in the group are we ever going to work as a group (laughs) because I think I had this image before -I went into the group that groupwork was somehow about doing things together as a whole block as a whole unit, and in fact what we did a lot of was um working quite deeply and quite individually within the group space and then.. coming together at the end to reflect the experience and share. But I think I got frustrated and I wanted ..I think I err.. put the responsibility on the facilitator not on myself sometimes, I think perhaps we all did this a bit too, facilitate more group interaction, make us interact more, (laughs) I think there was a bit of that going on because I think there was actually a lot of fear about really getting very deeply involved with one another so I think we all tended to opt more for individual work some people wanted more contact than others I was one of the people that wanted less contact with people. umm but there were moments when there was contact which was very pleasurable and very nice, but what was nice about it was it was on my terms and when I wanted it so I had the control about the contact and that was important so maybe ..I think there was actually a time when she was being more directive not necessarily in getting us to be more in contact with one another but she was she was kind of structuring the session more and I felt incredibly resentful about that, that suddenly happened one week and I kind of said, what's this ,I've got my own stuff to work on this is my space, I've already decided what I'm going to be doing you know I'm not going to do that um.. and felt very, very reluctant and very resentful.. and didn't participate

(HP) so showed your anger through not participating?

(HL) yes, yes

(HP) and how did that then inform your practice do you think?

(HL) mm... maybe that non-participation is the voice of wanting to participate in a different way, not necessarily that that's where the person wants to be, but rather that that's where they don't want to be..um.....and to just provide as much flexibility in the structure. I mean I think actually it can be quite useful you can work with ..you can work with the um.. cos actually it was a real learning for me to go against the group and the facilitator, I mean I wonder whether she did it on purpose, a structure set up for us to push against mother rather than to be pleasing and to be pliable.. (HP) are you saying that you might use structures to ..?

(HL) to develop that yes..yes provoke that.

(HP) OK, a very overall question really, what do you think has been the most important thing about the DMT group and err.. how has it influenced your practice if at all?

(HL) What do I think has been the most important thing (HP) the best (HL) the best thing...um.....i think just activating that journey which I will be on for the rest of my life now as a result of that group maybe I was on it before I came into the group but I wasn't with full awareness of just searching out myself, becoming more of me um.. wanting to enable other people..give that to other people....to facilitate the same process for others, definitely. I think there's not a week that goes by without me suddenly thinking, being transported back to ...about the group,..... something will happen, somebody will say something or I'll have seen something in my process or somebody else's process or a word that somebody said that comes up every week of my ..my life there is something of that group in that week, yes when I was in Cyprus, I feel I carry the group with me.(laughs) the group goes around with me (HP) become part of you? (HL) yes become part of me.

(HP) ok any questions from you?

(HL) (Long silence) I don't think so. It's been really nice to have this opportunity to talk about the group..mm.. because I find I don't really have anybody to talk about the group with (HP) mm (HL) don't tend to ya.... and this is very, very useful very helpful for my own practice for my own work it's given me some things to think about and just constantly harvesting my learning in that group into my practice into what happens in that group it just the sort of commonalities that exist in group dynamics as well as the uniqueness and specialness of each group and each individual in the group.

(HP) that's a nice image harvesting your experience of the DMT group into your own practice (HL) mm..

(HP) well this is our last time as individuals together although we are meeting as a group aren't we? (HL) yes, yes (HP) provisional date in July which again will be the last debriefing meeting for the research project.

(HL) just hearing you saying that my heart is hanging quite heavy.

(HP) the sadness at the ending?

(HL) yes, ye....exactly...mm.....

(HP) well I've been very pleased to have the opportunity to interview you and sad that I've not been able to do that throughout but at least I've had it once it's been a very great privilege and thank you very much.

(HL)(laughs) a pleasure, would be nice to re-connect with you on a one to one, because I've only seen you in group setting.

1, The Wick,  
High Street,  
Kimpton,  
Herts, SG4 8SA  
England

October 1989

Dear

I am writing to you to request some help towards completing a survey I am currently undertaking of all training courses in dance movement therapy, art therapy, dramatherapy, music therapy and psychotherapy.

The survey is an integral part of a research project for my doctorate with the overall aim to explore and evaluate the training role of a dance movement therapy group for students on a two year, part time, Post graduate Diploma in Dance Movement Therapy (CNAA). This is the first validated, recognised course in Britain and an innovation in Higher Education.

The group, led by an experienced dance movement therapist, will take place each week during the two years of the training course. Its aim will be to enable students to experience the role of client in the group and to use techniques from dance movement therapy to work through their own material, as appropriate, in the context of a therapy group within a course in higher education.

In writing to you, I am seeking to compare perceptions of the role of a therapy group in training courses for different arts therapies and other therapies. In addition, I am hoping to compare criteria for the evaluation of such an aspect of therapy training.

The research is focusing on the situation of the trainee because the feature of students undergoing their own DMT process during a course is innovative and experimental in the UK. However, I may invite course leaders and trainers to participate later in a collaborative inquiry, especially those of you who believe this issue to be important to the development and training of therapists.

Any help you may be able to give the research would be of considerable value. At this stage, please give information in response to the following questions that is already in the public domain and so could be used in the research without restriction.

I have enclosed an SAE for your reply, and would be pleased if you would respond, even if you have nothing to say, to complete my records. I would like to receive responses by mid November at the latest.



Thank you for your help,

Helen Payne, M.Phil.

Senior Lecturer, Division of Arts and Psychology, Hertfordshire  
College of Art and Design, 7 Hatfield Road, St Albans, Herts,  
England.

## QUESTIONNAIRE 1

Please respond to the following questions. An SAE is enclosed for your reply, which I would like to receive by mid November 1989.

Your Name.....

Title of Training Course.....

Address of Training Course.....

.....

1. Is there at present any form of group therapy within the training that you offer? If so could you specify the reasons for inclusion and its general orientation, structure etc.?

2. If such a unit is included in the training in what way is it evaluated?

3. If there is not at present any form of group therapy within the training that you offer;

a) have you ever included such a unit in the past? If so, what was its rationale and why was it discarded?

b) have you ever considered including such a unit? What was the rationale for its rejection?

4. What are your current thoughts on the value of the trainee undergoing their own group therapy on training courses?

5. Can you suggest any relevant literature on, for example therapy evaluation, therapy training, or students' perceptions of therapy units on courses?

6. If you know of any other courses which aim to train therapists please give the name and address below.

7. Would you be interested in participating in a follow-up interview?

8. Any other comments?

Semi - Structured Interview Schedule for Course Leaders

Thank you for offering to participate in a follow-up interview.

Explain about aim of research and context.

Aims of interview:

To discover further information pertaining to the views expressed in the questionnaire distributed to all known courses in arts and psycho therapies.

Using the answers given by all those individuals willing to participate, probe further into their reasons and understanding.

Hertfordshire College of Art and Design, St. Albans, Herts

Post Graduate Diploma in Dance Movement Therapy (CNAAB) 1989-1991

#### QUESTIONNAIRE

To all students in the dance movement therapy group (DMT Group, Unit 5) beginning September 1989.

N.B. This does not refer to your work-practice or placement groups.

As an integral aspect of the research project it would be helpful to have some thoughts/ideas from you about the forthcoming DMT Group which runs as part of the Post Graduate Diploma course. In particular your expectations of this group. Please try to answer all the questions as briefly as possible, "don't know" is perfectly acceptable. All information will be used solely for research purposes and will be treated as confidential.

As a suggestion you may like to type/print your answers. Do not put your name on the questionnaire.

It should only take about 15 minutes.

1. What do you hope to get out of the dance movement therapy group?

2. What activities do you expect the dance movement therapy group to consist of?

3. Of these activities, which do you expect to be

(a) the most engaging for you?

(b) the least engaging for you?

4. What do you expect of the facilitator?

5. What would your ideal dance movement therapy group be like?

6. What is your greatest fear about the group?

7. How do you expect the dance movement therapy group to differ from other groupwork on the course?

8. What value, if any, do you predict that this DMT Group will have to your eventual practice as a dance movement therapist?

9. Any other comments you would like to make about your expectations.

12th January 1990

To: All volunteer subjects in the Research Project  
c.c. P.G. Dip. DMT(CNAA) Course Team

What follows are the main points agreed between the researcher and volunteers for the project.

1. The seven volunteers agree to take part in the research as described to them as volunteer subjects.
2. The volunteers understand that they will be interviewed once a term whilst participating in the DMT group.
3. The volunteers understand that the research is a long term project and that they will be interviewed again several times after the DMT group has terminated (July 1991).
4. The volunteers agree to monitor the issue of dual role (course leader and researcher) and to keep the researcher informed if any confusion is evident.
5. The researcher agrees to respect the confidentiality of volunteer subjects when tape recording and transcribing interviews, sharing material with her supervisor and in the final documentation of the research when anonymity will be guaranteed. For the interviews a code will be drawn up by the transcriber which will enable the interviewer to identify the volunteer but not the researcher. However, it is acknowledged that at some point the researcher may wish to conduct follow-up interviews with volunteers, if agreeable to them, and thus may need to have access to the code.
6. The volunteers are aware that the researcher will, on occasions, share data with her supervisor in order to check on the validity of the process.
7. Those volunteers interested in submitting journals for the case study agree that they will use pseudonyms for other participants in their writing.
8. The volunteers and researcher agree that the above may be reviewed at times during the course of the research project.

Signed:

## Semi-structured Interview Schedule 7

December 1991

Spend a few minutes greeting and explain the purpose and frequency (this is the last one) of the interviews, particularly that they focus on the volunteers' reflections on the DMT group experience in relation to their current practice.

Emphasize that confidentiality is respected; the tape-recordings are coded by the interviewer and then passed to the typist for transcription. Only the transcriber, researcher and the academic supervisor has access to transcriptions. The tapes are re-recorded over each time.

Comments on non-verbal behaviour would be useful.

The first half of the interview will reflect on their experience of the major themes emerging from the previous interview in July concerning the DMT group.

The second half will ask how they think the DMT group as a whole has influenced, or not, their current practice in DMT.

## REVIEW

1. How have you experienced the ending of the DMT group since your last interview? In what way has loss, pain, sadness of finishing the group affected you?

2. What has been the most important thing about the experience of ending?

3. Has the self confidence and sense of being yourself remained?

4. What has happened to the anger that was around?

5. What part did the issue of sexuality play for you in the group?

6. Can you say anything about how the ending of the group was influenced by the research project?

7. What was important about acknowledging the rivalrous, competitive, jealous feelings in the group?

8. What do you recollect about the mode of working, individually or as a group?



## Practice

1. How do you now think the DMT group experience overall has influenced your practice, if at all?

2.. Any questions from you?

## Case Study C (Dominique)

1. How supported did you feel over the last weeks of the group? In what way does this get reflected in how you practice?

2. How did you deal with the pain of separation from the DMT group? How has the experience of this in the DMT group helped you to work with this in your practice?

3. What is it about your difficulties in relationship that effects your work? How did the DMT group help you with this?

4. How are your feelings of vulnerability and inadequacy reflected in your work? How do you feel the DMT group has contributed to dealing wirth this?

## Case Study E (Josie)

1. How important to your practice has the issue of jealousy been? How has your experience of the DMT group helped you to work with others on this?

2. Did your 'inner child' get its needs met in the DMT group? How does this issue relate to your practice?

3. How does anger and fathers connect to material in your practice?

4. Does the connection between intimacy and sexuality you made for yourself have any value for you in your practice?

Thank you for your help.

**EXAMPLE OF DEBRIEFING WITH INTERVIEWER**

Concern about confidentiality now a) although do not see names HP will recognise them because now a course tutor, therefore may know of their personal material b) transcripts reading, concern they will be able to identify each other.

Overall Themes:

Anger at HP leaving course.

Anger that Interviewer will not come to college anymore.

Resentment not getting compensation for their time.

Benefit: more time available when Interviewer receives them at home or work, more flexibility around times.

Good thing about interviews is that Interviewer not in college and nothing to do with the course.

June - Interviewer will join us for debriefing, deciding in Dec.

Light not indicating clearly on tape recorder.

Interviewer gave advice to one student about what unhappy with on course.

**EXAMPLE OF FEEDBACK GIVEN TO TRANSCRIBER  
(24.10.90)**

Read through before sending back

Disappointing material lost

Anything which does not make sense check the tape again

Much repetition, typing errors

Some words omitted completely, eg p.2 group debriefing

Punctuation needs to give clarity

No need to underline just bold

Less uh's and ah's now

## Semi-structured Interview Schedule 6

July 1991

Spend a few minutes re-introducing yourselves and explain the purpose and frequency of the interviews, particularly that they focus on the volunteers' reflections on the DMT group experience in relation to their practice.

Emphasize that confidentiality is respected; the tape-recordings are coded by the interviewer and then passed to the typist for transcription. Only the interviewer, transcriber, researcher and her academic-supervisor has access to transcriptions. The tapes are re-recorded over each time.

Comments on non-verbal behaviour would be useful.

The first half of the interview will review their experience in the DMT group since the last interviews in March that is the sessions this term. The second half will ask specific questions about the DMT group arising out of the analysis of the previous interviews.

This is the first interview to take place after the close of the two year DMT group; specific attention to the ending is requested.

## REVIEW

1. What has your experience been like in the DMT group since we last met?
3. What has been the most important thing to have happened?
4. Has your understanding of the DMT group's function changed since last time?
4. What kind of activities are now happening, any different from before?
6. How do you now think the DMT group experience this last term has influenced your practice, if at all?

## THEMES

1. Was there an ambivalence concerning whether the work was mostly individual or the group working together? why do you think this is so? In what way does this influence how you practice?
2. How has the anticipated closure and departing of group members from being regularly in your life affected the work of the group? Has this had any bearing on how you practice?

3. What made the group safe for you?  
In what way does this relate to your practice?
7. What comment do you have about the facilitation process?  
In what way has this related to your practice?
8. How central were the feelings of loss, pain and sadness this time, How were they worked with? In what way has the experience related to your practice?
9. How much did the taking of space or the not wanting to take space effect the group process? Do you think this has helped or hindered your practice as a therapist?
10. Has the Course Leader's leaving had any affect on the group process?
12. How do you feel the issue of it being an all women's group has been worked with? How has this develoed you as a practitioner?
13. How was the need for continued contact with participants in the DMT group managed? What consequences does this have for your own practice?
14. Did you feel you wanted more contact with members or the facilitator at any point? What about physical contact?
16. Any questions from you?

#### Case Study C (Dominique)

1. Did you manage to to work through your need to become more assertive with talking in the verbal phases of the DMT group?

#### Case Study E (Josie)

1. How did the group make it safer for you to not be "victim" and stand on your own two feet? (term 2 of this year)
2. How much were the relationships within the group still a focus, and did they still mirror your family? (term 2 of this year)

A SECTION OF A CASE PROFILE JOURNAL

8/10/90 (Interview 4)

Course leader leaving - gave a heavy feeling to the group. My feeling of abandonment led to a dance with a heavy stone. It was a polished rounded stone - sometimes I lifted it and at other times I pushed it back to the earth.

I questioned whether I was strong enough to carry this stone - could I manage on my own? Did I want to or did I want to reject it? When I put it back into the ground what did it hide; when I lifted it what was revealed?

Although I could not/cannot answer these questions they occurred during the dance and served to allow me to maintain strength and sustainment for an extended period.

The group facilitator asked where the Dragon was in relation to the stone - I could not answer but had an image of a silver dragon carved onto the stone in a circle - perhaps the two were one!, and the stone was an easier image for me to work with given my feelings of abandonment, fear of the future and sadness at the loss.

IMAGE REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES



IMAGE REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES



POSTGRADUATE DIPLOMA IN DANCE MOVEMENT THERAPY (CNAAB)

ST ALBANS · HERTFORDSHIRE · ENGLAND



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**IMAGE REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES**



INTERVIEW WITH DMT GROUP FACILITATOR

2/12/91 (I = HP, initiating researcher, M= Facilitator)

Topic: Her experience of the research process as facilitator of DMT Group. -

Preliminary discussion about the confidentiality of the group member's interview data, except to mention they had found the group helpful and many comments were reflecting a positive experience. Thanks for her participation were extended and an overview of the research process so far was indicated to her.

HP - What was your experience of the research process whilst facilitating the DMT group for two years?

(Long silence)

M - I experienced it on two levels, on one it was a positive thing because it raised the issue of, it gave more importance to something that was already important so it um ..... may have heightened awareness in that sense. On the other hand I experienced it as um ..... as potentially intrusive, and um ..... taking away from the therapeutic process (silence) therefore it sort of took people to express and it also happened when people expressed strong emotions outside the group in the interviews, which I would prefer they would have expressed inside the group. Of course there is no guarantee that would happen without the research going on, but I mean that was ah ..... potentially (I - mm) splitting (I - mm) or encouraging those processes if they were there already (I - mm) not of making them but of encouraging them. (I - mm mm). -

I - So you see it at two levels. So perhaps we could take the first one first, the one where you felt it raised the profile of the DMT Group which was seen as being more important because of the research taking place in the context. What sort of examples would come to mind when you talk about it, the profile being raised was that for the students or for the course, the staff or for the college, for whom? .....

(silence - long)

M - Well, the sheer fact that there was the research going on on the therapeutic process made the therapeutic process more mm .....

it put the spotlight (I - mm) on to what was happening and mm maybe increased some of the reflection on what was happening for the students, in terms of eh ... college and um ..... involvement of staff and you as researcher I didn't feel that was too helpful, that was muddling rather than helpful (I - uh. uh. mm.).

I - What, like getting information about the research.

M - Yes, it was all too close, being a teacher, being a researcher, being a head of course, there were too many heads involved so the boundaries became a bit confused about what's what and who's who because although of course you tried (I - mm) to keep things separate they weren't therefore you were the same person although in different roles.

I - So in terms of your experience that's what you felt, that the boundaries were a bit confused?

M - Yes.

I - Can you think of any examples that would illustrate that?

M - Just in terms of the memos I get. Get lots of them and one of them is the research. Its just one of many memos it's not really a separate thing.

I - Yes. So what might have been helpful.

M - I think it is helpful to have had the research done more by an outsider - like the position you are in now would have been more appropriate.

I - To have the researcher outside?

M - Yes.

I - Mm. Mm ..... I'm aware that you know that there's been an interviewer that was separate from course. So you feel that that helped or hindered the process?

M - Well, as I said before that is sort of the outside that you bring in but um ..... I felt that that was potentially encouraging a splitting process (I - mm).

I - So perhaps we could move onto that now.

M - Mm.

I - What was your understanding of the splitting. In what way might that have happened because I remember you thought that might happen?

M - Yes, well I think its difficult to judge and of course that's why I'm extremely interested in what students said about the group and the process and that would have been quite informative but er .... maybe the fact that it is a therapy group within a college which already doesn't make it as separate a therapy group as is usually is conducted because already people meet much more outside as well as inside so there is this framework. I felt ..... that um ..... there's always because of that setting of a therapy group

in a college there is always that possibility that issues which need discussion and taking care of in the group get left outside or get avoided because of all sorts of difficult mechanisms and then as if taken care of outside rather than worked through inside the therapy group and that by focussing on the therapeutic process with a researcher outside that that encourages that tendency which exists in all groups not something special about this one.

I - But you felt it accentuated perhaps.

M - Yes - in particular there was an example of people expressing anger which they found quite difficult. Anger and that underlying need for depression that er ..... was connected with it and I remember, one woman had an experience of discovering some of her feelings in her interview rather than in the therapy group and then brought it back to the group.

I - Mm.

M - Which I would have thought better taken care of in the group.

I - Mm

(silence)

I - So in that sense what you are saying is the research hindered the effectiveness of the DMT Group in your perception therefore it focussed their reflection of the DMT Group but outside the group more.

M - Yes.

M - I wouldn't make a total statement um ..... I would say that it encouraged - I've said it before just repeating myself now, encouraged a certain tendency which can exist in any group.

I - Mm. OK. So that was what you were experiencing as facilitator of that group in terms of dynamics of the group and content of group.

As facilitator of the group any thoughts or feeling about the research?

M - It did er .... increase feeling of being observed with all its implications for the good and for the bad, it makes you special but it also makes you being watched. So depending on what you do with the situation of being observed, that um ..... highlighted that situation.

I - Yes, and you've said you were quite interested at one level what the interviews were saying about the group and your facilitation of the group so there might be some fantasies around what that was.

M - Well I mean you already said they've been very flattering and supportive and positive and um .... I just think about my group process where relationship between students and facilitated changes and goes through curve, and I wonder about the fact that they are all so supportive and flattering, if that means there is something that they haven't worked through with regard to me.

I - mm.

M - Which of course may have to do with them being the first generation to do the course and the whole course being new here and staff being new including myself so there is that aspect of inexperience on all sides which adds enthusiasm but also may diminish the quality in some ways of what students actually got from us.

I - And do you feel the research affected that in some way?

M - No. I think in that sense the research was just one more thing to deal with at that point - everything was new, another new thing.

I - Because I s'pose now you have a little bit of something to compare it with haven't you - having had nearly a term of no research.

M - Also I had 1-1/2 years of running a group without research as well.

I - Yes, the first years.

M - Yes, of course every group is different and you are different and I'm different and we grow and change slightly in your approach and understanding, more secure perhaps. I am myself than I was in the beginning with the first intake so I think that has an effect on the whole picture.

I - I wonder if you're saying then the research being something else new and where you were already feeling a bit insecure that this was another place to feel insecure with?

M - Well it was just another thing to deal with which maybe would have been more appropriate to do it at a later stage in the course.

I - Mm .....

M - It was like part of your enthusiasm of getting the whole thing going it seemed like a .... very closely linked to everything else because your enthusiasm is very contagious. The research being part of what is very important to you and the course being part of what is very important to you linked those two very strongly so eventually that was (I - mm) the main thing you were strongest involved with so it was very involved with you Helen and who you are and what you bring to the college or to the researcher or your environment.

I - So your perceptions of the research affecting you in your facilitating role was very much linked with me as a person. You associated it very much with me and who I was to you at that point.

M - Yes, and the amount of energy and excitement you created around you and their ups and downs or whatever went on for you.

I - Mm, and how do you think that affected you as facilitator?

M - It made me want to keep more at a distance from it.

I - From the group or the research?

M - From the research.

I - Right. Do you know why that was?

M - Yes, that was out of a sense of wanting to keep clear boundaries and focus on the work that I was actually trying to do with the group. Rather than get involved with all the 'hoa ha' that went on around the course or the research or any other issue, politics or whatever going on at the time. I mean there was a lot of college politics going on at the time.

I - Mm.

M - Which was quite interfering with um - had great impact on the therapeutic process on what was brought to the therapy group so all that made me want to keep as much of a distance as I could from everything not only the research, the college as well. At that time I was very distanced from everything and tried to focus entirely on the group.

I - Was there a sense that the research wanted you to be involved then? More involved in some way .....

M - Yes, than I was ready to do.

I - Can you give some examples of your experience of that?

M - That you wanted me more involved?

I - Or that the research team wanted you to be more involved.

M - I didn't get an experience of a research team.

I - Mm.

M - But er ....

I - You felt it was my research.

M - Yes, and I felt that you very much wanted me to get more involved and I didn't.

I - Can you give some examples or the ways in which you were being asked to be more involved.

M - I think you wanted to invite me or you did invite me to meetings with students, who were part of the research team if I understand correctly, or something like that. To come to one of the research meets which I didn't feel appropriate.

I - Mm. Did you attend any other meetings with students outside of DMT Group. Um .....

M - On the whole not but I did attend some meetings around your leaving.

I - Mm and course committees.

M - Yes, course committees.

I - So it wasn't unusual to be at meets with it outside of the DMT Group and yet you felt that .....

M - Yes, it would have been more important because the research is about the DMT Group itself - not a course committee meet, official and tolerable. Therapy group meet quite different. I'd be happy to do that after group finished when the relationship changed between facilitators and students.

I - Mm ..... that's interesting, your perception of what those meets were about. I don't remember the invitation but those meets were all about the design of the research and how the research was progressing, nothing to do with the therapy group at all.

M - Yes, I don't think it mattered.

I - No, but its interesting how you experienced that invitation if there was one. Maybe the other researchers did want you to come for some reason. I can't remember now. You say you didn't experience a research team. Can you say more about this - more my research.

M - The main concern all came from you and your memos.

I - So its to do with how it was communicated to you that gave you the impression it wasn't a team.

M - Maybe.

(silence)

I - As a process, I just wonder if we could do an overview now of the two year process and how you felt when it started when you first heard about research, when picked up first memo or when you first heard me mention it or any one else and just perhaps trace your thoughts and ideas about it over two years whether they shifted or not. Brief summary of your experience of it.

M - You presented it straight from beginning as part of a package. What was going to happen and on whole its a positive thing to have - er ..... well to publish articles on subject of therapy as part of a therapy training, quite a sensible thing to do. I support that idea.

I - Mm.

M - But I think in practical terms it became more difficult because I felt that there was a blurring of boundaries which was demanded of me if I were to get involved more in the process of the research and I at a certain point and I thought about it and I made a decision to stay away to keep a distance which I did and that's why I told you that I'm happy to give you and interview afterwards which is what I'm doing now.

I - Mm. So when you first heard about it was through me was it,

(M - Yes) something I'd said, you were quite supportive about it.

M - Yes, its a good thing to do write about therapy and the strengths and the fact that therapy is part of any therapy training, of course I support that and I understand the research really comes to - well at least to deal with the question to raise the question and give it a higher profile which is good and positive. So I support that.

I - But you are critical about any moves to involve you in any way that you perceived or at least you perceived some moves to involve you.

M - Yes and I made the decision not to get more involved than I was already. -

I - Mm - like not, I remember writing to you at one point and I just got a copy this morning and saying to you on the 26th March 1990, which was like last March and you'd talked about the research design and had some thoughts on it and err ..... wondering about seeing the raw data of interviews and I was saying they were confidential and not available and err ..... saying you know would it be possible to interview you on your role in group and whether you notice any affects of research on group process so sort of 18 months later you are now feeling able to see yourself not involved in the DMT Group any more as facilitator. Do you see yourself more, as part of, or at least some of your perceptions as being part of the research.

M - Well I ..... (unclear)

I - You felt you couldn't do that at an earlier date therefore you were also the facilitator.

M - I didn't want to not that I couldn't. I made a decision.

I - And what was that sort of about?

M - Yes, because I experienced part of the research and the way it was conducted as intrusive.

I - Retreating from the intrusion in some way.

M - Yes. But that may very well be tied up with the other things that went on at the time in which you were involved as well.

I - The political things.

M - Yes, it had a very strong impact and I felt the best thing I can do for the therapy process was to distance myself from all the other things that went on.

I - I wonder if it was also linked with your perception that there was some observation of you a bit through the fact that the research project was going on?

M - No, because if I wanted to find out more about the observation I would have got more involved. So as to get feedback, which is essentially part of me which is very interested to know what people are saying about the process and what sort of feedback, if



I can hear about what particularly say it is nce factasy because you could then learn from that, learn about particularly, leadership style, learn about how you could do things differently or where you do things well.

I - Did you think that's what you'd get if you were to be interviewed, did you think you'd get feedback on how you were?

M - No, not necessarily but that's the fantasy. That you would get some feedback about things that you don't find out about because you see what is being observed is what goes on in group which essentilly no-one knows about and no-one tells you about.

I - So that was why you retreated again because of that fantasy.

M - No.

I - Because you didn't want the feedback.

M - No, I think that would be an interfering. I think there's part of me who'd be interested in getting feedback it's not err ..... not err ..... the one that is taking care of clear boundaries of the group in order to deep clear boundaries of the group. I would not want to get involved and drawn in to other activities of group members.

I - Mm. I was just picking up that you'd said that was a fantasy that you would get feedback.

M - Its like wishful thinking in some ways. Its very nice for a therapist to get feedback about a therapy but it also can be confusing or distorting - can be all sorts of things.

I - Mm.

M - Just the human interest.

I - So you didn't want to follow that me up in a way and see if that fantasy was true or not so you backed off.

M - No, yes .... yes .... Stay in touch with that I perceived my role was for the group rather than in the college or research.

I - Mm ..... and did that change at all over time? Has the fantasy come to fruition.

M - Well you gave me feedback they were all positive and supportive. Makes me think sometimes haven't been worked throught then no group can blue all issues of everyone. Doesn't make it a failure but aware of its limitation.

I - I am aware there was a paper circulating last October. Don't know whether you read that?

M - I never got that. I don't think I ever got that, it was something I wanted to read.

I - Oh, that's interesting. Bernie will have a copy if your interested to read it now. I did circulate it to all staff here and to other researchers.

M - I remember I didn't go to I went to another lecture. I didn't go to yours.

I - Well as I say Bernie's got it if you're interested that's available here at the college. And ther other thing I wondered was whether, in terms of your supervision of the group, whether there was any affects on your support of the group because of the research because of the perceived intrusion or your need to be distant from the research.

M - I wouldn't think so with regards to support, the research was one more of the things that went on in the college context.

I - So it was issue that was bought or not to support as anything else?

M - Yes

I - Questions.

M - How are you getting on with it?

I - Very slowly now (though the motivation of five years ago is beginning to dwindle, plugging away just to get it written up really - get it finished and submitted next year. I'm trying to break the back of the analysis at the moment. One more interview with co-researchers and debriefing meeting and that the end of the field work then its re-writing and re-writing ad infinitum to get it finished.

## **INSTITUTIONS CONSULTED FOR SURVEY**

The following institutions were consulted and responded so are included in the study. Not all gave the programme title nor the name of their centre. Those who did not respond are not included.

### **Dance Movement Therapy**

DMT Programme, Hunter College, New York, USA  
 Dept. Theatre and Dance, George Washington University, USA  
 DMT Graduate Programme, Goucher College, USA  
 DMT Programme, Antioch/New England Graduate School, USA  
 MA DMT, Naropa Institute, Boulder, USA  
 DMT Programme, Columbia College, Michigan, USA  
 DMT Programme, UCLA, Dance Dept, Los Angeles, USA  
 DMT Programme, Laban Centre for Movement and Dance, London  
 Dietrich Lange Schule, Monheim, Germany  
 Werkstatt Körpererfahrung, Bonn, Germany  
 Education in Movement and Therapy Centre, Amsterdam, The Netherlands

### **Art Therapy**

PG Dip. AT, University of London, Goldsmiths College, London (now Art Psychotherapy)  
 PG Dip. AT, University of Sheffield, Royal Hallamshire Hospital, Sheffield  
 Grad. AT, Vermont College of Norwich University, USA  
 MA AT, University of Louisville, USA  
 Loyola Marymount University, USA  
 Vancouver AT Inst., Canada  
 Toronto AT Inst. Ontario, Canada

### **Dramatherapy**

Sesame, PG Dip. in Drama and Movement in Therapy, Central School of Speech and Drama, London  
 Dip. Dramatherapy, Dept. Music and Theatre Arts, South Devon College of Arts and Technology, Torquay, Devon

### **Music Therapy**

Dip. MT, Southlands College, Roehampton Inst., Wimbledon, London  
 PG Dip. MT, Guildhall School of Music, Barbican, London  
 MT Dip., City University, Nordoff Robbins, London  
 MA and BA in MT, New York University, USA  
 BA MT, Faculty of Music, University of Melbourne, Australia  
 MT Programme, Capilano College, Vancouver, Canada  
 South African Inst. of MT, Port Elizabeth, South Africa

Centro par las Artes, Montevideo, Uruguay  
Dip. MT, Hochschule fur Musik und Darstellende Kunst, Hamburg, Germany  
Inst. MT, Universitat Witten/Herdecke, Germany  
Adv. Dip. Remedial Music, University of Cape Town, South Africa  
Japanese Assoc. of Music Psychology and Therapy, Musashino Academia Musicae, Tokyo, Japan  
Ecole de Musicotherapie, Colombier, Switzerland  
MT Aalborg, University Centre, Denmark

### **Expressive Arts Therapy**

Arts Therapies Certificate, California Institute for Integral Studies, San Francisco, USA  
Expressive Arts Therapies MA/Certificate, Graduate School of Professional Psychology, John F Kennedy University, USA  
Academy for Creative Therapies, Hogeshool Midden, The Netherlands  
Alberta Arts Therapy Association, Canada

### **Others**

Dympra Centre, London  
Cambridge Groupwork Training  
Holwell Centre for Psychodrama  
Independent Arts Therapist, USA  
Occupational Therapy course, DMT component, School of Social Work and Psychology, Tel Aviv University, Israel  
School of AT, Phototherapy, Independent, British Columbia, Canada  
Creative /Holistic Dance, Independent, London  
Counselling Skills for Arts Therapists, Morley College, London  
Oasis, Development of Groupwork Skills, W. Yorkshire  
Women's Therapy centre, London  
Occupational Therapy Dept, Cumberland College of Health Sciences, Australia  
Turning Points, London

### **Psychotherapy**

MSc Psychotherapy, University of Warwick  
British Psychoanalytic Society  
North London Centre for Group Therapy  
British Association for Psychotherapists  
Lincoln Clinic and Inst. for Psychotherapy  
Herts and Beds Pastoral Foundation (now St Albans Counselling Centre)  
Morpeth Centre for psychotherapy  
Scottish Inst. for Human Relations  
Post Graduate Training in Psychoanalytic Psychotherapy, Tavistock Clinic  
Gestalt Centre, London  
Society of Analytical Psychology  
Independent Group of Analytical Psychologists

Association of Jungian Analysts  
 Inst. for Psychotherapy and Social Studies, London  
 Karuna Inst.  
 English Gestalt Inst.  
 Dept. of Psychotherapy, Royal Victoria Infirmary, Newcastle  
 Spectrum, London  
 Bath Counselling and Psychotherapy Centre  
 Manchester Gestalt Centre  
 Association for Group and Individual Psychotherapy  
 MA PSE, University of Hull  
 M.Ed in Human Relations, School of Education, University of Nottingham  
 Philadelphia Association  
 FDI in Person-Centred Approach to Counselling and Psychotherapy, The Norwich Centre  
 East Surrey College, ISTU  
 Inst. for the Development of Humanistic Psychology (IDHP), Leeds  
 MA Psychology of Counselling and Therapy, Regents College, London  
 Inst. of Group Analysis Dip., The Red House, Salford  
 Inst. for Group Analysis, London  
 Dept. Psychiatry, University of Leeds  
 Dip. in Psychotherapy, University of Liverpool

**Key:**

Assoc. - Association, Inst. - Institution, Soc. - Society, BA - Bachelor of Arts, PG - Post Graduate, Dip. - Diploma, MA - Master of Arts, MSc - Master of Science, Exp. Arts Th. - Expressive Arts Therapies, AT - Art Therapy, DMT - Dance Movement Therapy, DT - Dramatherapy, MT - Music Therapy, PThy - Psychotherapy, Dept. - Department, Grad. - Graduate, PSE - Personal and Social Education

